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1948.

ISLE OF ELY COUNTY COUNCIL.

Annual Report
on the
PUBLIC HEALTH
of the
Administrative County of the
Isle of Ely
For the Year 1948,

With Summary of Reports of District
Medical Officers of Health,

by

HILDA. R. HAY, M.B., Ch.B., D.P.H.

LITTLEPORT, ISLE OF ELY :
G. T. WATSON, PRINTER, VICTORIA STREET
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1950.

District Medical Officers under Poor Law Acts :—

H. McCOLL, M.A., M.B., B.Ch.	..	(also Public Vaccinator).
C. H. GUNSON, M.B., Ch.B.	.. ..	" " "
J. R. BARROWCLOUGH, M.R.C.S., L.R.C.P.	" "	"
A. C. SMITH, F.R.C.S., L.R.C.P.	..	" " "
A. BERNARD, M.A., M.B., Ch.B.	..	" " "
S. GOVERNOR, M.B., B.Ch.	.. ..	" " "
J. M. HISLOP, M.B., Ch.B.	.. ..
S. J. WATSON, M.B., B.Ch.	.. ..	(also Public Vaccinator).
G. H. LUCAS, M.R.C.S., L.R.C.P.	..	
C. M. WELLS, L.R.C.P., L.R.C.S., L.R.F.P.S.	(also Public Vaccinator).	
J. W. C. FAIRWEATHER, M.B., Ch.B.	" "	"
J. B. BAMFORD, M.R.C.S., L.R.C.P.	" "	"
W. M. WILSON, M.B., Ch.B.	.. ..	" " "
D. E. YOUNG, L.R.C.P., L.R.C.S.	..	" " "
C. THOMAS, M.R.C.S., L.R.C.P.	..	" " "
W. F. PRENDERGAST, L.R.C.P.I. & L.M.,		
	L.R.C.S.I. & L.M	

Public Analyst :—

S. GREENBERG, Ph.D., B.Sc., F.R.I.C.

Vaccination Officers :—

H. A. HOUSE (Ely, March, Whittlesey and Wisbech).

G. SHARPE (Chatteris).

LOCAL SANITARY AUTHORITIES.

Urban Districts and Boroughs.			Clerks.		District Medical Officers of Health.
1.	Ely	..	..	J. E. Watkins, Esq.	.. K. S. Mauriee Smith, M.R.C.S., L.R.C.P.
2.	Chatteris	..	..	C. Dobb, Esq.	.. R. E. Nix, B.A., M.B., B.Ch.
3.	March	..	..	E. A. Littler, Esq.	.. S. Governor, M.B., Ch.B.
4.	Whittlesey	..	..	H. Kewish, Esq.	.. W. A. D. Lawson, M.D., Ch.B., D.P.H.
5.	Wisbech	..	..	J. E. Siddall, Esq.	.. H. L. Groom, M.R.C.S., L.R.C.P.

Rural Districts.			Clerks.		District Medical Officers of Health.
1.	Ely	..	..	C. Wickens, Esq.	.. K. S. Maurice-Smith, M.R.C.S., L.R.C.P.
2.	North Witchford			F. Whittet, Esq.	.. C. Thomas, M.R.C.S., L.R.C.P.
3.	Thorney	..	..	J. Ford, Esq.	.. J. R. F. Popplewell, M.R.C.S., L.R.C.P.
4.	Wisbech	R. E. Dixon, Esq.	.. H. L. Groom, M.R.C.S., L.R.C.P.

Port.

Port of Wisbech	J. E. Siddall, Esq.	R. E. Croekatt, M.B., Ch.B.
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To the Chairman and Members of the Isle of Ely County Council.

MR. CHAIRMAN, LADIES, AND GENTLEMEN,

I have the honour to present my fifth Annual Report on the state of the public health in the County.

The main interest of the year, was the launching of the national health service schemes as a necessary component of the comprehensive social services set up by the State, but while this established Britain in the fore-front of progressive democracies and excited the admiration of all other civilised countries, it should be remembered that this expansion and radical alteration in the administration of the health services can be regarded as inevitable in a dynamic state. Your attention is still requested to the various aspects of the public health service which I endeavoured to describe in detail in my last report whilst stressing the broader aspects of hygiene. I have therefore preserved the general form of previous reports in order to maintain a proper perspective.

The amount of press publicity given nowadays to vital statistics demonstrates not only the advantage of dealing with a population whose standards of education are rising rapidly, but also proves the value of the continued emphasis laid on health propaganda by the Ministry of Health, and various voluntary organisations. The implications of rising or falling rates are widely realised and it is satisfactory to record that during 1948 the estimated increase in the population of the Isle was considerable. Although there was a fall in the birth rate as compared with the previous year, the death rate and also the infant mortality were the lowest ever recorded. There were no serious outbreaks of infectious disease, and no deaths were registered as due to diphtheria or any other form of epidemic disease except whooping cough. The death rate from all forms of tuberculosis again fell to a new low record.

As regards the sanitary circumstances of the area, a new phase was entered upon in implementing the Rural Water Supplies and Sewerage Act, 1944, as the local enquiries conducted by the Ministry were completed. Grants were allocated to several of the local sanitary authorities, and actual works were commenced in one of the county districts. It is to be regretted that the time lag has been so long between the passing of this very useful Act, and the completion of the structural works which it necessitates. In the meantime, the two outstanding needs of this county have not been dealt with, and there is likely to be further delay. I refer to the piped water supply in Benwick, and to the sewage collection and purification scheme in March.

It is satisfactory to note that the housing programme continued to be carried out with great vigour, and the feeling began to spread that the numbers of newly erected houses were able to supply the more urgent needs of the people. All social workers are agreed that the root of many moral, social, and health problems is to be found in the nerve-racking, unhygienic conditions of overcrowding.

The general provisions of the health services remained as described in 1947 until the 5th July, when the Council lost all further responsibility to provide the clinical services which had been built up gradually during the past thirty years. At the same time wider powers were gained for the expansion of welfare services to the community together with a rather heterogeneous collection of new duties.

The intensive planning which was called for during the previous year continued throughout 1948 with its heavy demand on the time of committee members. Not only had the detailed operation of the new health services to be approved, but it also became necessary for the County Health Committee to give consideration to a fresh set of schemes in order that the Council could carry out its functions under Part III, National Assistance Act, 1948, as the dissolution of the former Public Assistance Committee had been formally carried out and the residual functions transferred to the County Health Committee. It was found that this change in general administration facilitated the appointment of a County Welfare Officer and assisted greatly in the smooth working of the mental health service and the general welfare services which were subsequently set up.

No undue strain was placed upon new county health services on, and after the appointed day, although there was an immediate increase in the number of calls made upon the ambulances and hospital cars. No sudden strain was placed on the home nursing services and the demands which increased gradually, and which were more noticeable in some districts than in others, were able to be met. The County Nursing Association, acting under agency arrangements with the County Council, had not waited for the appointed day in order to carry their plans into effect and additional nurses were already being installed to take up their duties in certain of the uncovered districts.

It soon became evident however, that there was a heavy initial demand on the Part II. and Part IV. services provided under the National Health Service Act, as approximately ninety-five per cent. of the population in this county registered under the new State service. The heavy influx of work encountered by medical practitioners, pharmacists, opticians and dental surgeons showed little

signs of slackening at the end of the year. This indicates a high incidence of morbidity and bears out the findings published from time to time in the monthly bulletin of the Ministry of Health.

With regard to the hospital and consultant services, the East Anglian Regional Hospital Board commenced to deal with matters of high policy and set up a number of Hospital Management Committees to cover their area. The two committees, South West (No. 1) and the Peterborough (No. 12) Group Committees, which cover the southern and northern portions of the Isle respectively, were unable to shoulder at once the day-to-day administration of the institutions transferred to them, and agency arrangements were entered into with the County Council which continued for varying periods in the different hospitals and homes. This entailed heavy additional work for committees and officials but was relieved as the hospital sub-committees were set up towards the end of the year.

Two other Acts came into operation during 1948, which increased the responsibilities of the Public Health Department; the Children Act, 1948, and the Nurseries and Child-Minders Regulation Act, 1948. The former is a very welcome piece of legislation embodying many of the recommendations of the famous Curtis Report, and the opportunity was welcomed to work in close co-operation with the Children's Department and to furnish an advisory service.

I wish to record my heartiest thanks to the Chairman and members of the County Health Committee, for the very heavy duties they undertook throughout the whole of 1948, and my special gratitude to the members of the Health Services Planning Sub-Committee for their unfailing support.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

HILDA. R. HAY,

County Medical Officer.

Administrative County of the Isle of Ely.

The Annual Reports for the year 1948, from the Medical Officers of Health for the Districts within the Administrative County, as submitted to the Isle of Ely County Council, in pursuance of Section 24, of the Local Government Act, 1888, were received as follows :—

	Area.	Medical Officer.	Date Received.	Style.
Urban Districts	Chatteris	Dr. R. E. Nix	Nov. 30th, 1949	Typewritten
	Ely	Dr. K. S. Maurice-Smith	Oct. 14th, 1949	Typewritten
	March	Dr. S. Governor	Aug. 21st, 1949	Typewritten
	Whittlesey	Dr. W. A. D. Lawson	Report not to hand	
	Wisbech	Dr. H. L. Groom	Oct. 16th, 1949	Printed
Rural Districts	Ely	Dr. K. S. Maurice-Smith	Report not to hand	
	North Witchford	Dr. C. Thomas	Report not to hand	
	Thorney	Dr. J. R. F. Popplewell	Jul. 20th, 1949	Typewritten
	Wisbech	Dr. H. L. Groom	Oct. 15th, 1949	Typewritten
	Wisbech Port San. Authority	Dr. Crockatt	Report not to hand	

STATISTICS, 1948.

Area of Administrative County (land & water)	....acres	239,794
Rateable Value	....	£308,155
Produce of 1d. rate 1947/48	....	£1,234
Population (Census 1931)	....	77,705
Population (estim. to middle of year 1948)	....	87,613

No. of live Births in the year	{	males 855	{	Legitimate 811	{	1641
			Illegitimate 44			
	{	females 786	{	Legitimate 728		
			Illegitimate 58			

Birth-rate per 1,000 population	18.73
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No. of Still-births in the year	{	males	16	{	Legitimate	12	36
				{	Illegitimate	4	
	{	females	20	{	Legitimate	18	
				{	Illegitimate	2	

Still-birth rate per 1,000 total births	21.47
---	------	------	------	-------

Total No. of Deaths in the year	{	males	501	}	951
		females	450			

Death-rate per 1,000 population	10·85
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	Rate per 1,000 total Births	
No. of women dying in, or in (from sepsis	I	·59
consequence of, childbirth (other causes	I	·59
Total	2	1·19

Number dying under 1 year old	{	males	28	Legitimate	24	49
				Illegitimate	4	
	{	females	21	Legitimate	18	
				Illegitimate	3	

Infantile Mortality (rate	(in legitimates	27·29)	29·86
per 1,000 Births)	(in illegitimates	68·63)	

Deaths from Measles (all ages)....	0
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„ „ Whooping Cough (all ages)	3
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„ „	Diarrhoea (under 2 years of age)	0
-----	----------------------------------	---

England and Wales—

Birth-rate per 1,000 population	17'9
---------------------------------	------	------	------	------

Death-rate	„	„	„	10.8
------------	---	---	---	------	------	------	------

Infantile Mortality-rate per 1,000 live births	34.0
--	------	------

Maternal Mortality-rate per 1,000 total births	1.02
--	------	------

VITAL STATISTICS.

POPULATION.

The Registrar General has supplied the figure of 87,613 as the estimated mid-year population for 1948.

Statistics for the past ten years are given for comparative purposes.

1939	81,620 (for births)
	83,760 (for deaths)
1940	87,270
1941	90,540
1942	84,970
1943	83,240
1944	82,030
1945	81,010
1946	83,340
1947	84,450
1948	87,613

BIRTHS.

Apprehension over the birth rate has existed ever since the serious fall which persisted in the pre-war years, and it will be interesting to watch the present trend. This indicates that the rise which commenced in 1942 appears to have reached a peak in 1947, and that a new fall has set in. Provided that the death rate remains at a lower level than the birth rate over a period of years, there will still be a natural increase in the population. It is assumed that the death rates must shortly rise from the present low figures and if this is accompanied by a sustained fall in the birth rate similar to that which has already occurred, a serious problem will be created. The whole matter now stands referred to a Royal Commission, and to what extent it is desirable to have more than a replacement of population will probably be indicated in their findings, which are awaited with great interest. It is obvious that, with the continued fall recorded in the stillbirth rate and in infant mortality, the high birth rates still found in certain other countries would create the very serious issue of an overcrowded population.

The number of illegitimate births fell during 1948, but is still markedly higher than before the war. It is felt that a detailed enquiry into individual cases might possibly lead to a proper understanding of the underlying causes and to measures which might prevent some of the contingent problems met with in the care of illegitimate children.

The number of stillbirths provides a fairly sensitive index to the efficiency of the maternity services, and to the quality of ante-natal care in particular. The definite fall which is now noticeable in this rate may be partly linked up with the enhanced knowledge and skill of midwives, the upgrading of whose profession was envisaged under the provisions of the Midwives' Act, 1936. There is no doubt that they serve as a vital link in the team work which is necessary for a good maternity service, either in the homes, or institutions, and that they can now shoulder much greater responsibility. One feature of up-to-date ante-natal care which is of real significance in preventing foetal and neo-natal mortality is the growing practice of blood grouping of expectant mothers.

The births in the Urban Districts numbered 973 (517 males and 456 females), this being a birth-rate of 18·28 per thousand of population.

In the Rural Districts the births numbered 668 (338 males and 330 females), the Rural birth-rate being 19·42 per thousand.

The total births for the County numbered 1,641 (855 males and 786 females), a birth-rate of 18·73 per thousand. This compares with a birth-rate for England and Wales of 17·9 per thousand.

The illegitimate births in the Urban Districts numbered 65, a rate of 66·8 per 1,000 births. Of this 65, 27 were males and 38 females, giving rates of 52·22 and 83·3 respectively.

For the Rural Districts there were 37 illegitimate births, a rate of 55·39. Of these, 17 were males and 20 females, giving rates of 50·29 and 60·6 respectively.

Taking the County as a whole the illegitimate births numbered 102, or a rate of 62·16. There were 44 male and 58 female illegitimate births, and this gives rates of 51·46 and 73·79 respectively.

ILLEGITIMATE BIRTHS.

Year	Illegitimate Births
1939	59
1940	61
1941	64
1942	82
1943	98
1944	149
1945	166
1946	142
1947	117
1948	102

DEATHS.

The long anticipated rise in the death rate has still not occurred, and it would appear that the slight increase in deaths at the higher ages is still more than off set by fewer deaths registered in the lower age groups.

While it would be difficult to establish the premise that the people are healthier as a whole, advances in medical skill and knowledge in the treatment of many formerly fatal diseases are no doubt reflected in the decrease in the number of deaths. Another factor which is operating is the increased use made by sick persons, including those in the higher age groups, of the wider facilities for diagnosis in treatment.

The deaths in 1948 numbered 951 compared with 1,049 in 1947. Of these 951 deaths (501 males and 450 females), 601 occurred in the Urban areas and 350 in the Rural, giving a death-rate per thousand of 10·85.

The birth and death-rates for the Isle for the past 12 years are shown in Table I. together with the rates for England and Wales.

The local rate in 1948 was 10·85 per thousand population as against 12·42 in 1947.

TABLE I.

	Birth Rate		Death Rate	
	Isle of Ely	England and Wales	Isle of Ely	England and Wales
1937	15·97	14·9	*10·77	12·4
1938	15·32	15·1	*10·63	11·6
1939	14·99	15·0	11·57	12·1
1940	13·76	14·6	12·16	14·3
1941	14·2	14·2	11·6	12·9
1942	16·76	15·8	10·55	11·6
1943	16·49	16·5	11·83	12·1
1944	18·71	17·6	12·32	11·6
1945	18·07	16·1	12·16	11·4
1946	19·03	19·1	12·05	11·5
1947	21·57	20·5	12·42	12·0
1948	18·73	17·9	10·85	10·8

* Corrected Rates.

TABLE II.

ISLE OF ELY		
	Registered Births	Registered Deaths
1937	1,303	987
1938	1,248	973
1939	1,234	969
1940	1,201	1,071
1941	1,286	1,051
1942	1,424	897
1943	1,373	985
1944	1,535	1,011
1945	1,464	985
1946	1,586	1,004
1947	1,822	1,049
1948	1,641	951

INFANT MORTALITY.

A slight further reduction in infantile mortality occurred in 1948 when the rate was 29·86 per thousand births as compared with 30·19 in the preceding year.

Fifteen deaths were due to congenital malformation, birth injuries, etc., and thirteen to prematurity; pneumonia caused ten deaths, diarrhoea two, whooping cough two and other causes seven.

A fall in infant mortality is slowing up as is shown by a study of the figures for the whole country in the accompanying Table, where it will be seen that the deaths of infants under one year per thousand total births fell from 100 to 80 per annum during the years 1916 to 1921, but twelve years elapsed before a further fall to 60 took place. The fall from 60 to 40 was observed during the fourteen year period 1934 to 1947 and was not interrupted during the war.

In 1948, a new low level was reached, and for the first time, the rate fell to a figure below 30 in the Isle. While it is doubtful how far a further reduction can be effected by improvements in social conditions, and by extensions in the maternity and child welfare services, it is probable that the prompt control of all infections of the mother and near contacts would still help to save infants' lives.

TABLE III.
INFANT MORTALITY RATES.

Year	Isle of Ely	England and Wales	Year	Isle of Ely	England and Wales
1913	95.24	109	1931	58.11	66
1914	100.80	105	1932	53.68	65
1915	92.22	110	1933	57.7	64
1916	--	91	1934	58.59	59
1917	70.7	96	1935	46.49	57
1918	109.3	97	1936	60.29	59
1919	83.8	89	1937	58.35	58
1920	69.04	80	1938	56.89	53
1921	85.13	83	1939	41.96	50
1922	60.4	77	1940	50.28	55
1923	63.57	69	1941	49.15	59
1924	58.86	75	1942	50.56	49
1925	65.66	75	1943	45.88	49
1926	60.42	70	1944	44.9	46
1927	64.91	69	1945	40.3	46
1928	58.94	65	1946	37.2	43
1929	83.3	74	1947	30.19	41
1930	52.19	60	1948	29.86	34

MATERNAL MORTALITY.

Two women died in, or in consequence of childbirth, giving a rate of 1.19 per thousand total births.

PRINCIPAL CAUSES OF DEATH.

Diseases of the heart and blood vessels remain the principal cause of death, accounting for 49.52 per cent. of all deaths in the Isle of Ely during 1948 when deaths from intracranial vascular disease were included.

Taking the population as a whole, more deaths were attributable to diseases of the heart and blood vessels than to any other single cause, with cancer in all its forms ranking as second, and intracranial vascular lesions as third most important cause. These findings depend on the fact that the bulk of the deaths occur in the highest age group, 65 years or over, and the diseases enumerated are encountered mainly among the elderly. When the population is studied in separate age groups, it will be noted that diseases of the

heart and blood vessels decrease in significance as one descends down the age range, and that cancer increases in relative importance in the age group 45 to 65 years. Below the age of 45 years, diseases of the respiratory system including tuberculosis rate as the biggest single factor.

The deaths among persons aged 65 years or over, amounted to 63 per cent. of the total in 1947, and rose to 66 per cent. in 1948.

ISLE OF ELY.

The percentage contributions to the total deaths made by the more important groups were as shown below.

	1946	1947	1948
Diseases of heart and circulatory system	33·16	36·7	38·59
Cancer, all forms	15·93	15·72	17·66
Intracranial vascular lesions	10·35	11·72	10·93
Bronchitis, pneumonia and other respiratory diseases	10·85	9·34	7·36
Violent causes	3·98	3·62	3·78
Tuberculosis, all forms	2·29	2·85	2·83

TUBERCULOSIS MORTALITY.

Twenty-three deaths were certified as caused by pulmonary tuberculosis (14 in males and 9 in females) during 1948.

Although the number of deaths from tuberculosis is now relatively small, significance which attaches to them is out of all proportion to their incidence, as each such death is an end to a tragedy which might have been prevented. While the reduction in tuberculosis incidence and case mortality is one of the biggest achievements in the field of preventative medicine, it has to be stressed that strict control is still necessary. Many chronic cases, acting as potent sources of infection, especially to children under school age, are unable to find accommodation in institutions, as the present policy appears to be to assess need on clinical grounds, and to offer available beds in sanatoria and hospitals to the early unilateral case which is encountered mainly in young adults.

As regards bovine tuberculosis which causes a high proportion of bone and joint forms of the disease, it is known that many samples of milk are infected with the bacillus, and that until attested herds can be established throughout the country adequate heat treatment of milk is the only safeguard.

TUBERCULOSIS DEATH RATES.

	Pulmonary	Non-Pulmonary	Total
1926	506	195	701
1927	568	052	620
1928	810	116	926
1929	614	154	768
1930	476	154	630
1931	412	219	631
1932	458	153	611
1933	456	177	633
1934	489	123	612
1935	436	109	545
1936	392	147	538
1937	453	074	527
1938	294	147	441
1939	358	155	513
1940	447	138	584
1941	298	088	386
1942	189	105	295
1943	372	06	432
1944	292	097	39
1945	235	123	357
1946	227	047	275
1947	308	047	355
1948	262	045	308

County of Isle of Ely.

Causes of Death in Administrative Areas, 1948.

CAUSES OF DEATH	Registrar's number of area.	URBAN						RURAL						Aggre- gate of R.D.'s.		Total for Urban and Rural Districts.		GRAND TOTAL.				
		Chatteris.			Ely			March.			Whittlesey.								Wisbech			
		3.y.		3.x.		Ely		March.		Whittlesey.		Wisbech		7.y.		North Witford.			Thorney.		Wisbech.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.
		6 x.	951	1
ALL CAUSES	..	28	35	64	46	75	75	48	42	99	89	..	..	70	77	37	24	9	11	71	51	6 x.
1. Typhoid & Paratyphoid Fevers	1
2. Cerebro-spinal Fever
3. Scarlet Fever
4. Whooping Cough	1	1	..	..	..	..	..	..	..	..	1	..	..
5. Diphtheria
6. Tuberculosis of Resp'y System	..	1	1	1	1	2	..	..	..	7	3	..	..	..	2	2	..	..	..	3	2	..
7. Other Forms, Tuberculosis	..	1	1	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	1	..	23
8. Syphilitic Diseases	1	..	..	..	..	1	..	..	1	..	..	..	..	..	..	1	4
9. Influenza	3
10. Measles	1
11. Ac. Poliomyelitis & Polioencephalitis
12. Acute Inf. Encephalitis	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13. Cancer Buc. Cav. Oesoph. (M), Uterus (F)	2	..	..	1	4	2	1	4	1	..	..	2	2	..	..	..	..	..	..	2
14. Cancer of Stomach & Duodenum	3	2	5	3	2	3	2	4	..	..	..	4	1	1	..	..	..	2	1	21
15. Cancer of the Breast	2	1	..	2	..	..	2	..	..	..	..	..	..	..	..	..	..	2	4	30
16. Cancer, all other	..	5	..	9	7	7	8	4	4	14	13	..	..	5	5	5	1	..	..	..	7	11
17. Diabetes	2	..	..	..	..	..	..	2	..	..	2	1	..	..	..	..	1	1	106
18. Inter-cranial Vasc. Lesions	..	6	2	6	7	9	11	6	5	7	9	..	..	11	11	1	4	1	1	2	5	6
19. Heart Disease	..	9	13	29	13	27	24	23	16	30	29	..	..	20	31	14	6	1	5	25	18	104
20. Other Dis. of Circ. System	..	2	4	2	..	1	6	2	..	1	2	2	..	3	3	..	..	2	..	5	1	333
21. Bronchitis	1	2	..	1	1	1	..	5	7	..	..	2	2	3	4	..	..	4	2	34

[illegible]

Causes of Death at Different Periods of Life in the Administrative County of Isle of Ely in 1948.

CAUSES OF DEATH.	Sex.	Aggregate of Urban Districts.					Aggregate of Rural Districts.								
		All Ages.					All Ages.								
		14	3	2	3	20	62	212	65 & upwards	0—	1—	5—	15—	45—	65 & upwards
ALL CAUSES ..	M.	314													
	F.	287	14	3			14	62	212	187	14	3	1	7	43
1. Typhoid & Paratyphoid Fevers	M.	0	..	..	..	..	..	..	..	1	..	..	..	1	..
	F.	0	..	..	..	..	..	..	..	0	..	..	..	..	..
2. Cerebro-spinal Fever	M.	0	..	..	..	..	..	..	..	0	..	..	..	..	..
	F.	0	..	..	..	..	..	..	..	0	..	..	..	..	..
3. Scarlet Fever	M.	0	..	..	..	..	..	..	..	0	..	..	..	..	..
	F.	0	..	..	..	..	..	..	..	0	..	..	..	..	..
4. Whooping Cough	M.	1	..	..	..	..	..	..	..	1	..	..	..	..	..
	F.	1	1	..	..	..	..	..	..	0	..	..	..	..	..
5. Diphtheria..	M.	0	..	..	..	..	..	..	..	0	..	..	..	..	..
	F.	0	..	..	..	..	..	..	..	0	..	..	..	..	..
6. Tuberculosis of Resp'y System	M.	9	..	..	..	4	2	3	..	5	..	..	..	2	3
	F.	5	..	..	..	2	2	1	..	4	..	..	..	3	1
7. Other forms of Tuberculosis	M.	0	..	..	..	..	..	..	..	2	..	..	..	1	..
	F.	2	..	..	..	1	..	..	..	0	..	..	..	..	..
8. Syphilitic Disease	M.	1	..	..	..	..	1	1	..	1	..	..	..	..	..
	F.	1	..	..	..	..	..	..	..	0	..	..	..	..	..
9. Influenza	M.	0	..	..	..	..	..	..	..	0	..	..	..	..	..
	F.	0	..	..	..	..	..	..	..	1	..	..	..	..	1
10. Measles	M.	0	..	..	..	..	..	..	..	0	..	..	..	..	..
	F.	0	..	..	..	..	..	..	..	0	..	..	..	..	..
11. Acute Poliomyelitis and polioenceph.	M.	0	..	..	..	..	..	..	..	0	..	..	..	..	..
	F.	0	..	..	..	..	..	..	..	0	..	..	..	..	..
12. Acute Inf. Encephalitis	M.	0	..	..	..	..	..	..	..	1	..	..	..	1	..
	F.	1	..	..	..	..	..	1	..	0	..	..	..	..	..
13. Cancer of Buc. Cav. Oesoph.	M.	7	..	..	..	..	2	5	..	2	..	..	..	..	2
	F.	8	..	..	..	1	5	2	..	4	..	..	..	..	2
14. Cancer of Stom'ch & Duodenum	M.	14	..	..	..	..	3	11	..	7	..	..	..	2	5
	F.	7	..	..	..	..	2	5	..	2	..	..	..	1	1
15. Cancer of Breast	M.	0	..	..	..	..	..	..	..	0	..	..	..	..	..
	F.	7	..	..	..	1	5	1	..	4	..	..	..	1	3

[illegible]

GENERAL PROVISIONS OF HEALTH AND WELFARE SERVICES IN THE AREA.

SERVICES TRANSFERRED ON THE APPOINTED DAY.

On the 5th July, 1948, all responsibility laid on the County Council under various enactments to provide medical treatment and institutional care for certain classes of persons came to an end. The clinical services which were directly provided, passed over to the administration of the East Anglian Regional Hospital Board. In this way, many clinical activities of great interest on account of the clear-cut and immediate problems which they presented, passed beyond the control of health authorities, but in their place came new responsibilities in the field of preventive medicine, and in the care and after-care of sick or handicapped persons.

The change-over did not cause any disturbance of free flow of cases to the hospitals which serve the Isle, and which were described in my last report. As it took some time for the setting up of various local committees of the Regional Hospital Board to take over the administration of the transferred hospitals and institutions, the County Council agreed to carry on under agency arrangements, the day-to-day management of those for which they had been directly responsible. The transitional period was smooth and uneventful, but it is anticipated that in the rationalisation of the hospital and consultant services, which is envisaged under the national scheme, gradual changes are bound to be brought about by the co-ordination and extension of the existing services which will greatly benefit rural areas.

County Hospital, Dordington.

A full description was given in my last report of the facilities offered at this county general hospital, and it is satisfactory to record that the volume of work carried out in all departments there continued to increase throughout 1948. No changes occurred in the medical staff, and under the very able direction of the Surgeon Superintendent, Mr. Alan Conway, F.R.C.S., the progressive policy of the Council continued undisturbed during the first half of the year.

A sum of approximately £800 was approved to be spent on alterations necessary for the setting up of the training school for nurses, and in May, the draft scheme for affiliation with the West Norfolk and King's Lynn General Hospital, was adopted. It is disappointing to record that the scheme was subsequently held up at the stage of negotiations with the General Nursing Council.

Arrangements for the admission of private patients were also completed, and when twelve beds were put aside for this purpose, a ready response ensued.

Repairs and minor alterations continued without a break, but any major structural alterations were deferred, and the proposed scheme for the provision of new sewage treatment plant was passed over to the Regional Hospital Board as their responsibility.

County Maternity Home, Wisbech.

The programme of improvements adopted during the previous year was finally completed with the refurnishing of the staff quarters early in 1948. There had been included the re-decoration of the entire premises, installation of an electrically propelled food lift, new ward furniture, sterilizing and other surgical apparatus, equipment for premature babies and the provision of a food store in the grounds nearby. Although it had been decided not to embark on any structural alterations to the kitchen in view of the possibility of Bowthorpe Hall being adapted into a new Home, minor improvements were carried out, and most of the cooking and dining equipment originally supplied by the Ministry of Health was replaced.

The number of cases dealt with fell somewhat as compared with 1947 and this was traced, not to any lessening demand from local residents, but to the gradual cessation of the scheme for the admission of evacuee expectant mothers and to limitations in the cases booked from adjoining counties on account of staff shortage. Normal and abnormal cases were treated in the ante-natal and lying-in wards, and the scheme continued whereby cases presenting serious complications were transferred to the North Cambs. Hospital for major surgical operations.

Mr. W. H. Carlisle, F.R.C.S., D.R.C.O.G., continued to be Visiting Physician, and the Acting Matron appointed the previous year continued to be in charge. The number of staff midwives rose gradually to full establishment and at the time of transfer there were sufficient assistant nursing and domestic staff, although changes and replacements presented a constant difficulty.

Bowthorpe Hall Maternity Home.

Further delays occurred at the planning stage and at the time of transfer the Clerk of the Council was instructed to submit full details of proposals for the conversion of the premises, and of all outstanding points of difference with the Ministry of Health to the Regional Hospital Board.

An additional piece of land adjoining the site was acquired by the Council in June in order to secure better privacy for the proposed extension.

The Grange Maternity Home, Ely.

The needs in Ely Urban and Rural districts for beds for normal midwifery cases continue to be fully satisfied by the provision made at this Home where staffing problems never assumed the same proportion as at Wisbech. The Council continue to act as agents for the Ministry of Health in the running of the Home which had been originally set up before the outbreak of war under the Emergency Maternity Scheme, and it is interesting to note that the arrangements for evacuating expectant mothers from London continued right up to the appointed day. The Ante-Natal Hostel, 36, Cambridge Road, was one of the last in the country to be closed, and it seems a pity that this long continued demand from London mothers for a confinement in peaceful country surroundings can no longer be satisfied. It was always easy to distinguish between the evacuee and local residents when going round the wards, and there is no doubt that city women benefitted greatly from the rest and good food, and that their physical and mental condition was improved when they returned to their families. Some consideration of this problem appears to be called for at national level.

The Maternity Home, March.

The accommodation provided in ten beds has proved by its popularity to be necessary to satisfy the needs of March and the district immediately surrounding it. An annual grant has been paid by the local authority for the facilities offered there which included a weekly ante-natal clinic. This Home was taken over by the Regional Hospital Board from the voluntary committee which had operated it for many years.

Complicated Maternity Cases.

The responsibility for providing consultant obstetricians available for such cases occurring in domiciliary practice passed over to the Regional Hospital Board, together with the responsibility for providing adequate institutional accommodation. In addition to the beds available at Wisbech, there had been arrangements with all the general hospitals in adjoining counties, including latterly White Lodge Hospital, Newmarket. No limitations were imposed after the appointed day and the number of beds available in these general hospitals taken in conjunction with the beds provided in the three maternity homes in the Isle was considered adequate for the needs of institutional midwifery, normal and abnormal, in the area.

Other Types of Institutional Care.

The duties of the County Council as one of the joint authorities responsible for the isolation hospitals at Wisbech and Ely, and the mental hospital at Fulbourn ceased with the transfer of these institutions on the appointed day, together with their commitments with other local authorities or voluntary organisations for providing institutional care for mental defectives and persons suffering from tuberculosis. With regard to the latter, some concern was felt that the sanatorium accommodation in the Eastern Region was totally inadequate and strong representations were made to the medical advisory staff of the East Anglian Regional Hospital Board that some provision continue to be made available in institutions situated in other regions.

Treatment of Venereal Disease.

All responsibility for the ascertainment and treatment of cases of venereal disease passed over to the Regional Hospital Board, the only duty left with local health authorities being the general duty of furthering any schemes for the prevention and control of the disease by linking up with the services provided under Part II. of the Act, notably with the almoners. These were transferred to the whole time staff of the Regional Hospital Board and the agreements for County Councils to pay part of their salaries came to an end.

Orthopaedic Treatment.

The scheme for the provision of treatment for young children under school age, including the cost of appliances in necessitous cases, continued in operation until the appointed day. Out-patients' facilities were offered at fixed clinics held monthly at Ely, Wisbech and Peterborough, while in-patient treatment was arranged wherever beds could be found.

The Orthopaedic After-Care Sister continued to work in close co-operation with the hospital visiting staff from July until she resigned in November. The surgeons were unanimous in subscribing to the value of her work and to the continued need for such an appointment to be made by a local health authority in order to effect a close link-up between the care and after-care of cases.

The pressing demands made on the whole of this special service led to hopes, which have since been fulfilled, that under the new set-up increased facilities would be made available.

HEALTH AND WELFARE SERVICES OPERATIVE FROM THE 5th JULY, 1948.

NATIONAL HEALTH SERVICE ACT, 1946.

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22).

Liaison with Other Bodies.

The maternity and child welfare scheme for the county was developed largely out of voluntary effort and close liaison was preserved under the new Act by continuing pre-existing arrangements with the voluntary committees who had set up infant welfare centres, with the County Nursing Association who became the agents for the bulk of the midwifery service and for the whole of the home nursing service for the area, and with the respective associations for moral welfare. In addition, liaison was established with the East Anglian Regional Hospital Board in order to secure adequate institutional provision for mothers and children, and with the Local Medical Committee in view of the fact that general practitioners continued to take part in the staffing arrangements at infant welfare centres and at ante-natal clinics.

Ante-Natal and Post-Natal Services.

The births in the county had for some time been fairly evenly divided between those taking place in institutions and those conducted in the home, and of the latter, midwives were responsible for approximately 50 per cent. Ante-natal and post-natal care for midwifery cases had been carried out by general practitioners under a special scheme which had operated since 1937, but it was hoped with the setting up of the National Health Service to develop a series of clinics to serve the towns, and to continue the former scheme to what limited extent it was called for to serve expectant mothers who could not reach the clinics. It became evident soon after July that there would be a heavy increase in the demand for institutional accommodation, and that general practitioner obstetricians would take charge of the bulk of domiciliary confinements. As there was at the same time some initial misapprehension as to the exact role the midwife would play in the obstetric team, and as to the scope for clinics set up by local health authorities, action was delayed in putting the new schemes into effect. Difficulty was encountered in some districts more than in others, but after representations were made by the midwives through their official organisations to the Local Medical Committee, the situation gradually cleared up.

Arrangements were completed to take over in November the Littleport ante-natal clinic from the local District Nursing Association, and it was re-opened in the Odd Fellows' Hall with a general practitioner obstetrician and two Queen's nurse midwives attending the regular weekly sessions.

By the end of the year similar arrangements were entered into for taking over the ante-natal clinic held at the Maternity Home, March, where district midwives' cases could be seen, as well as booked institutional cases, under reciprocal agreement.

The weekly clinics held at St. Mary's Dispensary, Ely, and at Park Hall, Wisbech, sponsored by the respective district nursing associations, continued under voluntary auspices.

There were no separate post-natal clinics as the numbers attending could not justify special sessions.

Infant Welfare Centres.

The clinic at Manea continued to be provided by the local health authority and eleven centres were provided and maintained by voluntary organisations, either the local district nursing associations or local committees of ladies set up specially for the purpose. Where voluntary funds had dropped, grant increases were paid in order to cover the cost of running the clinics.

The centres at Wisbech, Thorney and Whittlesey are attended by local practitioners and the remainder by the two Assistant County Medical Officers, details of sessional arrangements being set forth in the adjoining table. The local health visitor also attends regularly, and in those villages where the district nurse midwife carries out part-time health visiting owing to the shortage of full-time health visiting staff, very satisfactory attendances were recorded.

Early in the year, a new centre was opened at Coates with the Assistant County Medical Officer and health visitor in regular attendance. In the autumn the clinic at Doddington was re-opened in fresh premises with the local practitioner, the district nurse midwife and the health visitor in attendance. These additional centres are managed by voluntary committees.

INFANT WELFARE CENTRES.

CLINIC	PLACE HELD	DAY AND TIME	
CHATTERIS ...	Seymour House ...	Friday, 2—4.30 p.m. ...	Dr. in attendance alternate Fridays
COVENEY ...	Methodist Church School Room	4th Tuesday, 1.45—3.15 p.m. ...	Dr. in attendance
COATES ...	Public Hall ...	1st & 3rd Thursday, 2.30—4 p.m.	Dr. in attendance first Thursday
DODDINGTON ...	Church Rooms ...	2nd & 4th Tuesday, 2—4 p.m. ...	Dr. in attendance
ELY ...	Trinity Hall ...	Wednesday, 2—4.30 p.m. ...	Dr. in attendance first and third Wednesdays
HADDENHAM ...	Baptist Church Hall ...	2nd & 4th Tuesday, 2.30—4.30 p.m.	Dr. in attendance fourth Tuesdays
LITTLE DOWNHAM ...	Parish Hall ...	2nd & 4th Wednesday, 2.15—4 p.m.	Dr. in attendance second Wednesdays
LITTLEPORT ...	Town Hall... ...	Tuesday, 2—4.30 p.m. ...	Dr. in attendance first and third Tuesdays
MANEA ...	Church Hall, Park Street	Alternate Tuesdays, 2.30—4.30 p.m.	Dr. in attendance once monthly
MARCH ...	Primrose Hall ...	Thursday, 2.15—4.30 p.m. ...	Dr. in attendance alternate Thursdays
PRICKWILLOW ...	Women's Institute Hall ...	2nd Wednesday, 2—3.30 p.m. ...	Dr. in attendance
SUTTON ...	Methodist Church Room	4th Tuesday, 2.15—4.15 p.m. ...	Dr. in attendance
THORNEY ...	Old Girls' School ...	2nd & 4th Thursday, 2.30—4 p.m.	Dr. in attendance
WHITTLESEY ...	St. Mary's Rooms ...	Tuesday, 2.15—4.15 p.m. ...	Dr. in attendance
WISBECH ...	Park Hall, Ruby St.	Friday, 2—4.30 p.m. ...	Dr. in attendance

ANNUAL STATISTICS.

(1)	Number of centres provided at end of year	Number of children who attended centres in column (2) during period 5th July, 1948 to 31st Dec., 1948	Number of children who first attended the centre during the period 5th July, 1948, to 31st December, 1948, and who on the date of their first attendance were :—				Number of children included in column (3) who at end of year were :—		Total number of children included in column (3) in the period 5th July, 1948, to 31st December, 1948	
			Under 1 year of age (4)	Over 1 year of age (5)	Under 1 year of age (6)	Over 1 year of age (7)	Under 1 year of age (8)	Over 1 year of age (9)		
Local Health Authority Centres	1	16	16	—	14	2	98	10		
Centres Provided by Voluntary Organisations	13	382	310	58	275	107	1954	315		

Too much emphasis has been laid on the welfare of infants who for many years have tended to absorb the interest of their parents and welfare workers to the exclusion of toddlers and older children. This may have been desirable in the days of high infant mortality, but is an attitude which is now open to criticism for the reason that, when families are built up rapidly, the toddlers are in danger of developing unnoticed defects. Mothers are encouraged to bring their older children to the infant welfare centres and the attendance figures have improved.

Supply of Welfare Foods.

These are issued under arrangements with the local food office to all welfare centres, except one. At certain centres the voluntary committee is entirely responsible for the ordering, storage, and distribution, while at others the local distributing officer attends each clinic session.

Care of Premature Infants.

Two sets of special equipment including Sorrento cots and Oxygenaire apparatus were ordered for use in county domiciliary midwifery practice, but delivery was not effected by the end of the year. One set is to be stored at the County Maternity Home, Wisbech and the other at Doddington Hospital through the courtesy of the Hospital Committee and in this way they will be available for immediate use, day or night. Special arrangements for transport have been made.

The number of premature babies weighing under $5\frac{1}{2}$ lbs. born during 1948 was 31, of which 11 were born at home. 7 of the latter were nursed at home and 6 survived at the end of the first month.

Provision of Maternity Outfits.

In order to do away with the necessity for storage and distribution by administrative staff, a simple scheme was evolved. Orders in triplicate are made out by the midwives, one for reference, one for official use, and the third is given to the expectant mother to take to her local pharmacist where she collects the outfit herself. After consultation with the Local Pharmaceutical Committee it was agreed that all the pharmacists should supply standard outfits at the same cost which included a small charge for storage.

Each midwife carried a small stock of outfits for emergency cases.

Priority Dockets for the purchase of Sheets.

The Board of Trade Scheme for the issue of priority dockets to expectant mothers ceased when the supply of goods became more plentiful. Up to this time 560 applications were received and 1120 dockets were issued.

Care of Unmarried Mothers and Their Children.

Schemes drawn up after receipt of Ministry of Health Circular 2866 have proved their value, and it was decided to continue the arrangements whereby the services of the Social Welfare Workers of the Ely Diocesan Association for Moral Welfare and the Wisbech and District Society for Social Service have been used in connection with the ascertainment and visiting of expectant unmarried mothers and of their subsequent care.

During 1948, 36 cases were visited in the Ely Area and 22 in the Wisbech area. Advice and help was offered in each case and vacancies in homes for mothers and babies were secured for 21 cases, the Council being responsible for, or assisting with the maintenance fees in each of these.

During the year, a substantial increase was made in the grant paid to the Wisbech Society and new financial arrangements with the Ely Diocesan Home for mothers and babies became operative after July when 4 beds were reserved for the use of unmarried mothers from the Isle.

Dental Treatment.

Unfortunately it has not been possible to implement the proposed Maternity and Child Welfare Dental Scheme, because of lack of professional staff. A compromise scheme was attempted whereby any parent seeking treatment for a child under school age was offered treatment at one of the fixed school clinics. Eighteen pre-school children were examined during the year and of these, seventeen had their treatment carried to a conclusion.

The two Dental Officers have been fully occupied with the dental care of 12,000 school children and no time has been made available for research.

Ophthalmia Neonatorum.

No case was notified during the year.

Puerperal Pyrexia.

Two cases were notified during the year, both occurring in domiciliary practice.

Maternal Deaths.

Two maternal deaths occurred during the year.

Day Nurseries.

There are no day nurseries in the Isle.

MIDWIFERY SERVICE (SECTION 23).

Administrative Arrangements.

The Isle of Ely County Nursing Association, operating under a revised constitution, took over from the separate district nursing associations the agency arrangements entered into with the local supervising authority to cover the midwifery needs of the County, with the exception of those three districts where in 1937 there had been installed full-time County Council midwives. Seven Area Sub-Committees were set up and a system of mutual relief commenced to operate between adjoining nursing associations which had formerly existed as water-tight compartments. In this manner some economy in staffing was effected, but not at the expense of efficiency.

Staffing Arrangements.

County Council Midwives

S.R.N., S.C.M.	....	..	2
S.C.M., S.E.A.N.	....	..	1
<i>Total</i>	....		3

County Nursing Association

Queen's Nursing Sisters	..		12
S.R.N., S.C.M.	...	....	7
S.C.M., S.E.A.N.	....	....	1
<i>Total</i>	....		20

All the midwives employed by the County Nursing Association combined midwifery with home nursing duties and, of the 20 so employed, 7 also undertake part-time health visiting.

Housing Accommodation for Midwives.

Most of the district nursing associations had already provided Nurses' Homes where there was more than one member of staff employed, or suitable accommodation where a nurse was carrying on district work single-handed.

Transport.

General approval was given in January to the proposal that a fleet of cars should be operated for the use of the nursing staff in the county. At the end of the year several additional cars had been procured, one in Wisbech, one in Stretham and a new car to replace the old one belonging to the Sutton District Nursing Association.

The total number of cars in use for the County Nursing Association district nurse midwives was 15 plus one County Council car used by the midwife at Gorefield. In addition each of the County Council midwives uses her own car.

Gas and Air Analgesia.

The number of domiciliary midwives in the county qualified to administer gas and air analgesia was 19, and 17 machines were available by December. Early in the year it was decided to take advantage of the maintenance service provided by the British Oxygen Company.

I wish to record my thanks for the co-operation of the Matron, Sorrento Maternity Home, Birmingham, for the kind way in which she has made available vacancies for training midwives in the administration of gas and air analgesia. Little delay is encountered in arranging for a midwife who is not qualified to administer gas and air analgesia to take a special course at this Hospital.

MIDWIVES' ACTS, 1902—1936.

The County Council is the local supervising authority for the area and the supervision of midwives is carried out by the Superintendent Nursing Officer acting under the Medical Officer of Health.

The number of midwives who notified their intention to practice during the year was 50, and in addition 4 practise as maternity nurses.

During the year the Superintendent Nursing Officer and her Assistant paid 71 routine visits of inspection to midwives and 60 special visits.

Domiciliary midwives attended 494 cases during the year in their capacity as midwives and 435 cases while acting as maternity nurses.

The number of domiciliary cases in which medical aid forms was issued was 177 and in maternity homes 123, making a total of 300.

The number of ante-natal and post-natal examinations made by general practitioners at the mother's home under arrangement made by the Authority 868, of which 513 were paid before the 5th July. As already pointed out, there was a tendency for the maternity work to increase after the new health service was set up.

HEALTH VISITING (SECTION 24).

Owing to extreme shortage of health visiting staff it was found difficult to implement all the provisions set forth in this important section, as full-time visitors act as school nurses as well. With the help provided on a part-time basis by certain nursing staff employed by the County Nursing Association, as described below, it was possible for them to carry out the main duties and even to tackle some of the wider advisory duties, especially when infectious diseases occurred not in isolated cases, but showed a tendency to spread. In order to assist the health visitors to play their part as chief co-ordinators in all the health and welfare services, regular monthly conferences were arranged in the department, and addresses were given on various aspects of the new social scheme.

The Superintendent Nursing Officer acts as Superintendent Health Visitor, and has the services of one Assistant. The number of full time health visitors employed at the end of the year was reduced to four instead of the full establishment of nine. One vacancy existed in March, one in Wisbech, two in Ely and one in Chatteris until October.

District Nurse Midwives with the Health Visitor's Certificate undertake health visiting in Littleport and Manea, three other district nurses undertake health visiting in the districts of Sutton, Haddenham and Little Downham, and dispensation for these was granted by the Ministry of Health. The County Council midwife employed in the Fridaybridge and Elm districts undertakes infant visiting there.

Number of Health Visits Paid.

	1st Jan. to 4th July, 1948	5th July to 31st Dec., 1948
1st Visits	893	840
Re-visits	2,660	2,692
Visits 1—5 years	3,409	3,301

HOME NURSING (SECTION 25).

The County Nursing Association agreed to undertake to cover the needs of the area, acting as agents for the County Council. All the fourteen district nursing associations are affiliated to the County Nursing Association, but roughly one third of the county was still uncovered. The entire county was therefore sub-divided into seven groups of districts, and seven Area Sub-Committees set up. Representatives from each of the existing district nursing associations were included on these Committees and new members were co-opted

in uncovered districts. Additional nursing staff were selected to work in the latter and their appointments formally approved by the County Nursing Association.

Staff.

Twenty nurses undertake home nursing in addition to midwifery and four nurses are employed to undertake home nursing duties only.

On the 31st December, the staff was as follows:—

Superintendent Nursing Officer	
Assistant Superintendent Nursing Officer	
Queen's Nurse Midwives	12
S.R.N., S.C.M.	7
General Trained Nurses	2
S.C.M., S.E.A.N.	1
S.E.A.N.	2

Number of Cases.

	1st Jan. to 30th June, 1948	1st July to 31st Dec., 1948
Medical	501	531
Surgical	207	268

Number of Visits Paid.

Casual	1,487	1,623
General	10,905	14,028

Transport.

All staff engaged on home nursing duties have cars with the exception of one nurse in an urban area who uses an auto-cycle. The Council has approved the proposal to set up a fleet of cars which will gradually replace all the cars now in use, some of which are becoming worn out. Although orders were placed no deliveries of new cars were effected during 1948.

Accommodation for Nursing Staff.

In addition to the arrangements already described under Section 22, it was decided to approach the Rural District Councils in whose areas new staff were to be employed requesting them to consider allocating council houses for the purpose. These districts were Elm, Christchurch, Upwell and Parson Drove.

VACCINATION AND IMMUNISATION (SECTION 26).

Diphtheria Immunisation.

Pre-existing arrangements for immunisation made by Wisbech Borough Council and Whittlesey Urban District Council were taken over under the new Scheme and facilities for immunisation are also offered at doctor's sessions at each Infant Welfare Centre in the county. In addition, arrangements are made, as numbers accumulate, to hold special immunisation sessions in school clinics or on school premises by permission of the Education Authority.

Propaganda.

Each Registrar supplies information as to the births registered in his district and a personal letter is sent to all parents as to the protection afforded and the times advised for immunisation and vaccination. Special greetings cards are posted to all infants on their first birthday containing similar information.

The Health Visitors and School Nurses and all other County Nursing staff carry supplies of leaflets giving information as to the facilities available for immunisation, which they distribute in the homes or at clinics. Health Visitors have a special responsibility for collecting forms of consent and for completing records.

In addition to this systematic propaganda general publicity is also given to the scheme by means of hand-bills, posters and cinema flashes.

Medical Arrangements.

All practitioners in the area are afforded an opportunity of taking part in the Authority's arrangements for carrying out individual immunisations. The County Medical staff, with the assistance of Health Visitors and School Nurses, attend specially arranged sessions and they also carry out individual immunisations at the infant welfare centres which they attend.

Records of Payment and Fees.

Completed records are submitted by the County Medical staff and all general practitioners, and the latter were encouraged to continue to submit reports although the scale of payment of fees had not been negotiated to a conclusion.

DIPHTHERIA IMMUNISATION.

The following table shows the number of immunisations carried out in the various areas during the period 5th July to 31st December, 1948.

	Under 1 yr.	1 yr.	2 yrs.	3 yrs.	4 yrs.	5—9 yrs.	10—14 yrs.	TOTAL	B'ster
Chatteris U.D. ...	2	27	1	...	2	1	...	33	30
Ely U.D. ...	7	60	7	3	6	15	3	101	15
March U.D. ...	10	41	7	5	9	24	1	97	21
Whittlesey U.D. ...	8	27	4	3	3	8	1	54	3
Wisbech B. ...	16	82	13	2	3	4	...	120	2
Ely R.D. ...	16	56	9	10	2	13	1	107	26
N. Witchford R.D. ...	5	18	6	5	2	17	1	54	14
Thorney R.D. ...	2	10	2	...	...	12	1	27	12
Wisbech R.D. ...	6	45	12	3	1	25	...	92	9
TOTAL ...	72	366	61	31	28	119	8	685	132

Vaccination.

The medical practitioners have agreed to be responsible for individual vaccinations, either in the homes or at their surgeries, and no special sessional arrangements are made.

All that has been already said with regard to propaganda and payment of fees applies to the vaccination service as well.

During the period 5th July, 1948 to 31st December, 1948, the following vaccinations and re-vaccinations have been performed:—

	under 1 yr.	1—4 yrs.	5—14 yrs.	over 15 yrs.	Total
Primary	120	24	7	18	169
Re-vaccinations	5	1	1	18	25

Arrangements in the event of an outbreak of smallpox.

In the event of an outbreak of smallpox, arrangements would be made at short notice to direct the County Medical and Nursing Staffs to assist in coping with the increased demand for vaccination

and re-vaccination. If necessary, premises would be specially hired for the purpose and the assistance of general practitioners called in. The public would be fully informed of all steps taken to control the outbreak.

AMBULANCE SERVICE (SECTION 27).

The ambulances owned by the Wisbech Borough Council and the Urban District Councils of March and Ely were transferred to the County Council on the appointed day, and the Chatteris ambulance was purchased by the County Council from the Chatteris Ambulance Committee who had decided to cease operating the service. In this way, 6 vehicles were made available but, as the needs of the area were not fully covered, the St. John Ambulance Brigade agreed to act as agents in Littleport and Whittlesey and an agreement was entered into with the East Anglian Regional Hospital Board for the continued use of the infectious disease ambulance situated at the Ely Joint Isolation Hospital, which was later transferred to the County Council.

The up-grading of the service was commenced by placing an order for two 27 h.p. Humber Lomas Ambulances with essential extras, and when they are delivered it is hoped to continue replacement of the older vehicles, retaining one for general county relief purposes. The existing ambulances were overhauled and repaired as necessary and extra equipment was added.

Co-ordination of existing services.

A system of mutual relief is now in operation throughout the County and arrangements have been entered into with each of the adjoining authorities for mutual assistance in boundary areas and in emergency.

It is not considered feasible, as yet, to transport cases of infectious diseases in the general ambulances and two special ambulances are reserved for such cases to serve the whole County.

Ambulances.

The 7 County Council ambulances are stationed as follows:—

	<i>General Service.</i>	<i>Infectious Disease.</i>
Wisbech	2	1
March	1	—
Chatteris	1	—
Ely	1	1

These vehicles are garaged, serviced and driven under contractual arrangements with commercial firms with the exception of the

infectious diseases ambulance at Ely, which is based on the Isolation Hospital and is driven by a member of the out-door staff by arrangement with the East Anglian Regional Hospital Board.

The St. John Ambulance Brigade provide, operate and maintain one general ambulance at Whittlesey and one at Littleport.

At Manea an ambulance is provided and operated by the Manea New Ambulance Fund Committee who are reimbursed on a rate-per-mile basis.

A list of ambulances and their location is as shown in the table.

AMBULANCES.

		No. of Ambulances	Where garaged
Wisbech ...	...	Two ...	Messrs. W. H. Johnson & Sons Ltd., Church Terrace, Wisbech
March ...	...	One ...	Messrs. Peck & Packer, Ltd., Dartford Road, March
Ely ...	...	One ...	Messrs. T. H. Nice & Co., Ltd., St. Mary's Street, Ely
Chatteris...	...	One ...	Messrs. Crawley & Crawley, Chatteris
Manea ...	...	One ...	Ambulance Garage, School Lane, Manea
Whittlesey	...	One ...	St. John Ambulance Division, Plough Rd., Whittlesey
Littleport	...	One ...	Private Garage, Hempfield Road, Littleport

INFECTIOUS DISEASES AMBULANCES.

		No. of Ambulances	Where kept
Wisbech ...	...	One ...	Messrs. Johnson's Garage, Church Terrace, Wisbech
Ely ...	...	One ...	Isolation Hospital, St. John's Rd., Ely

Attendants.

Attendants are provided by the respective divisions of the St. John Ambulance Brigade for the County Council ambulances at March and Ely and for the St. John ambulances at Littleport and Whittlesey. At Wisbech a part-time female attendant is employed directly by the Council and called upon as required.

Sitting-Case Cars.

The terms offered by the Cambridgeshire and Isle of Ely Branch of the British Red Cross Society, for carrying on the hospital car service were accepted, and the volunteer drivers continue to be paid a standard rate of 6d. per mile plus subsistence allowance for lunch and tea. They are disposed round the County as follows:—Wisbech 3, Chatteris 1, Whittlesey 1, Thorney 1, Littleport 1, Ely 3 and Haddenham 1.

At March a service is provided by a commercial firm paid on a mileage basis plus an allowance for the driver's waiting time.

Statistics.

A summary of the work undertaken by the ambulances and sitting case cars from July until the end of the year is given.

	<i>No. of calls</i>	<i>No. of Patients</i>	<i>Mileage</i>
AMBULANCES			
July to September	559	574	17,451
October to December	609	680	15,678
Total	1,168	1,254	33,129
SITTING CASE CARS			
July to September	331	465	12,115
October to December	854	1,008	27,514
Total	1,185	1,473	39,629

The figures for the second period show increases as follows:—

Calls	523 (158·0%).
Patients	643 (116·7%).
Mileage	15,339 (127·1%).

The rapidly growing utilisation of the hospital car service was not unexpected and I wish to record my gratitude to the volunteer drivers who have been able to meet the rising demand for such transport. This is one of the most valuable new services offered to a rural community and it enables advantage to be taken of increased facilities for treatment made available by the Regional Hospital Board.

PREVENTION OF ILLNESS—CARE AND AFTER CARE (SECTION 28).

TUBERCULOSIS.

Organisation.

The County Council resolved to undertake themselves the duties of Tuberculosis Care Committee and the County Medical Officer became responsible for carrying the approved scheme into effect. The Clinical Tuberculosis Officer, whose services had up to the 5th July been secured under an agreement with the Committee of Papworth Village Settlement, continued to act in an advisory capacity to the Authority on a part-time basis. In this way complete continuity of the service was secured as no disturbance occurred in the dispensary arrangements or at the chest clinic at Doddington Hospital, all of which the Health Visitors continued to attend until the Tuberculosis Visitor was appointed. Systematic records were maintained unbroken and close liaison was kept up with the District Medical Officers of Health in order to check notifications and to make representations with regard to home conditions.

Tuberculosis Visitor.

A nurse with special experience in the after care and rehabilitation of the tuberculous was appointed Tuberculosis Visitor and Social Worker, and she took up her duties on the 1st November. Her appointment was widely publicised among the public health and welfare staffs, medical practitioners and officials of the National Assistance Board, and she quickly became the pivot of the whole service. With the consent of the Regional Hospital Board she took over from the health visitors the duty to attend clinics and dispensaries, and by this means was provided with a list of cases to follow up in the homes which proved a basis for effectual preventive and after care work. By the end of the year she had attended 26 clinic sessions and paid home visits to 161 cases. Particular attention was given to advanced cases who were being nursed at home, not only to limit the spread of infection but also in order to provide comforts.

Shelters.

Three revolving shelters were ordered and delivery was effected before the end of the year. These are issued to cases living in insanitary or overcrowded conditions. It is proposed to order three more during the ensuing year.

Extra Nourishment, Comforts, etc.

The Tuberculosis Visitor established close relationships with voluntary organisations and through the good offices of the Welfare

Officer, Cambridgeshire and Isle of Ely Branch British Red Cross Society, was able to secure sick-room equipment and nursing requisites when needed. In addition, certain patients recommended for additional clothing and extra nourishment received these through the B.R.C.S. scheme.

With regard to the issue of free milk, before the operation of the National Health Service Act, thirty-six tuberculous persons were receiving additional milk at the expense of the Council. The circumstances of these persons were reviewed after the appointed day, with the result that fifteen of them subsequently received allowances from the National Assistance Board enabling them to purchase additional extra nourishment themselves. The memorandum of the financial advisors of the County Councils Association, the Association of Municipal Corporations and the London County Council of the basis of charges for facilities under sections 22, 28 and 29 of the National Health Service Act was adopted by the Council. This, when applied to the remaining twenty-one cases revealed that nineteen of them had sufficient income for them to bear the expense of extra nourishment themselves. Two persons remained entitled to the supply free of charge, which they continued to receive.

Rehabilitation.

Three male patients and one female patient were colonised at Papworth Village Settlement during the latter half of the year.

Memo 266/T.

All responsibility for financial assistance passed from Local Authorities to the National Assistance Board on the 5th July.

MENTAL ILLNESS.

The care and after care work in relation to mental illness is carried out by the two full-time Duly Authorised Officers who also act as County Welfare Officers. They have the co-operation of general medical practitioners and of all social workers, and their activities are based mainly on the work carried out at the Psychiatric Out-Patient Clinic held weekly in the County Hall under the auspices of the East Anglian Regional Hospital Board.

Social after-care visits were made on the cases as follows:—

	<i>Cases</i>	<i>Visits</i>
Relieved after certification	11	18
Recovered after certification	47	77
Recovered after voluntary treatment	27	64
Released at own request after voluntary treatment	14	26
	—	—
	99	185
	—	—

By this service, efforts are made to help men and women to get well faster and to protect them from relapse by offering information and encouragement to enable them to meet, understand and overcome the difficulties which confront them during the transition from hospital invalids to self-reliant members of society.

Such visits have been discontinued in certain cases where it was considered wise, in the persons' interests, to do so.

The Regional Office of the National Association for Mental Health continued the social after care of ex-service personnel suffering from mental illness.

OTHER TYPES OF ILLNESS.

Each District Nursing Association maintains a "loan cupboard" containing a wide variety of requisites used in home nursing.

It is further proposed to make available larger items of equipment such as water-beds, bed rests, invalid furniture and invalid chairs. Arrangements were completed by the end of the year for the Cambridgeshire and Isle of Ely Branch, British Red Cross Society to set up four depots in the Isle of Ely for the supply of these articles on loan at low cost, which is generally recovered from the patient direct.

DOMESTIC HELP (SECTION 29).

In previous reports I have drawn attention to the peculiar difficulty to be faced in the Isle in setting up a service of domestic helps on account of the counter attraction offered by seasonal land work. This factor operates to a less extent in the south of the Isle and in November it was reported to the County Health Committee that Ely District Nursing Association had recruited an organiser who was giving her services voluntarily. On request it was decided to employ her directly under the County Council and to create the post of part-time County Organiser for the Ely area as from the 1st January, 1949, on a paid basis.

By the end of the year four domestic helps had been enrolled and seven cases had been attended. Full details of this scheme, which met with great success, from the very beginning, will be given in a subsequent report.

MENTAL HEALTH SERVICES (SECTION 51).

General.

It was proposed in the first place that the former Mental Deficiency Sub-Committee of twenty-two members, with three co-opted

members, should be re-designated the Mental Health Sub-Committee under the new Act. As the personnel of this Committee was largely identical with that of the County Health Committee it was later decided that the latter could carry out all the functions of the local health authority for mental health.

The County Medical Officer is responsible for the organisation, control and medical direction of the mental health service.

Medical Services.

The County Medical Officer and one Assistant County Medical Officer, both of whom have taken a special course in mental disease, deal with most of the medical work in connection with mental defectiveness and educationally sub-normal children.

Where the services of a specialist were required under either the Mental Deficiency Acts or the Lunacy and Mental Treatment Acts, the East Anglian Regional Hospital Board were asked to provide one of their consultant staff.

Non-Medical Services.

A male full-time officer took up his duties on the 12th July as Duly Authorised Officer for the purposes of the Lunacy and Mental Treatment Acts, as amended by the National Health Service Act, 1946, and combined this post with that of County Welfare Officer.

A male full-time Assistant took up his duties on the 19th July and was appointed as a second Duly Authorised Officer. In addition, one of the former relieving officers was appointed to carry out the duties of duly authorised officer on a part-time basis.

To overcome the difficulties encountered for a period beginning on the 5th July, four other temporary part-time duly authorised officers were appointed but this arrangement terminated on the 10th August.

An appointment of a female Mental Deficiency Visitor was advertised, but no appointment was made by the end of the year. This gap in the staff prevented the development of the service for mental defectives as regards home teaching and the opening of occupation centres, but the statutory duties of the Authority under the Mental Deficiency Acts continued to be carried out by other officers.

Ambulance and Transport facilities.

Where transport could not be supplied by the Duly Authorised Officers or by the hiring of private cars, County Ambulances were used and the service of a special attendant, paid on an hourly basis, was provided when called for.

LUNACY AND MENTAL TREATMENT ACTS 1890—1930 AS AMENDED BY THE NATIONAL HEALTH SERVICE ACT, 1946.

Statistics.

HEALTH SERVICE MENTAL PATIENTS ADMITTED FROM THE COUNTY IN MENTAL HOSPITALS ON 5TH JULY, 1948.

	Certified		Voluntary		Temporary		Total
	M.	W.	C.	M.	W.	C.	
Fulbourn (Mental) Hospital	68	114	2	6	12	—	202
(a) Patients rate-aided up to 4th July, 1948	1	2	—	—	1	—	4
(b) Patients maintained privately up to 4th July, 1948	69	116	2	6	13	—	206
Total							

Admissions from 5th July, 1948 to 31st December, 1948				Certified		Voluntary		Temporary		Total
				M.	C.	M.	C.	M.	C.	
(a) Fulbourn (Mental) Hospital	....	11	8	—	10	11	—	—	—	40
(b) St. Andrew's Hospital, Northampton	....	—	—	—	—	1	—	—	—	1
Discharges from 5th July, 1948 to 31st December, 1948										
(a) Fulbourn (Mental) Hospital	....	3	8	—	8	9	—	—	—	28
(b) St. Andrew's Hospital, Northampton	....	—	—	—	—	1	—	—	—	1
Deaths from the 5th July, 1948 to 31st December, 1948										
Fulbourn (Mental) Hospital	....	4	3	—	1	1	—	—	—	9
Health Service mental patients in the mental hospitals on 31st December, 1948	....	73	113	2	7	14	—	—	—	209

Admissions have fallen into the following age groups:—

	MEN			WOMEN			TOTAL.
	Certified	Voluntary	Total	(Certified)	Voluntary	Total	
Aged 16 and under	—	—	—	—	1	1	1
" 20	—	2	2	1	1	2	4
" 30	2	2	4	1	4	5	9
" 40	4	3	7	—	—	—	7
" 50	4	1	5	—	4	4	9
" 60	1	2	3	3	2	5	8
" 70	—	—	—	2	—	2	2
" 80	—	—	—	1	—	1	1
" 80	—	—	—	—	—	—	—
TOTALS	11	10	21	8	12	20	41

Total.

Cases investigated	....	47
Removed to mental hospitals on Summary Reception orders (Section 16, Lunacy Act, 1890)	....	19
Removed to designated hospitals on Duly Authorised Officers' three-day order (Section 20, Lunacy Act, 1890)	....	—
Admitted to mental hospitals as voluntary patients (Section 1, Mental Treatment Act, 1930)	....	22
Admitted to mental hospitals as temporary patients (Section 5, Mental Treatment Act, 1930)	....	—
Admitted to mental hospitals on Urgency Orders (Section 17, Mental Treatment Act, 1930)	....	—
No admission effected	....	6

Co-ordination with the Regional Hospital Board.

Close contact is maintained with the East Anglian Regional Hospital Board through the Board's Psychiatric Clinic in this County which is held weekly at County Hall, March.

In connection with a large proportion of the cases investigated by the Duly Authorised Officers, the psychiatrist's opinion and advice has been sought both independently by general medical practitioners and directly by the duly authorised officers.

Transport.

Conveyance to mental hospitals has been arranged as follows:—

By the duly authorised officers in their own cars	21
By the Council's car/ambulance service	10
By hired car	3
Voluntary patients making own arrangements	7

MENTAL DEFICIENCY ACTS 1913 to 1938.

I. PARTICULARS OF MENTAL DEFECTIVES AS ON 1ST JANUARY, 1949.

	M	F	T
(1) Number of Mental Defectives ascertained to be "subject to be dealt with"			
(a) Under Guardianship (under Order)			
Under 16 years of age	—	1	1
Aged 16 and over	1	—	1
(b) In "places of safety"	—	—	—

(c) Under Statutory Supervision (excluding cases on licence)	M	I	T
Under 16 years of age	9	6	15
Aged 16 and over	27	33	60
(d) Action not yet taken under any one of the above headings			
No. of cases included in (a) to (d) above waiting removal to an Institution	8	4	9
(2) Number of Mental Defectives not at present "subject to be dealt with" but for whom the Local Health Authority may subsequently become liable	52	49	101
Of whom, number under Voluntary Supervision			
Under 16 years of age	--	--	--
Aged 16 and over	40	26	66
(3) Number of Mental Defectives Receiving Training			
(a) In day-training centres	--	--	--
(b) At home	--	--	--

11. PARTICULARS OF MENTAL DEFECTIVES ASCERTAINED DURING THE YEAR 1948.

(1) Ascertainment

(a) Cases reported by Local Education Authorities (Sect. 57 Education Act, 1944):—			
(i) Under Section 57 (3)	1	1	2
(ii) Under Section 57 (5)	4	6	10
(b) Other cases reported during 1948 and ascertained to be "subject to be dealt with"	2	--	2
Total cases ascertained to be "subject to be dealt with" during the year	7	7	14
(c) Other cases reported during 1948 who are not at present "subject to be dealt with" but for whom the Local Health Authority may subsequently become liable	2		2

TOTAL number of cases reported during the year	9	7	16
--	---	---	----

(2) Disposal of cases reported during the year

(a) Cases ascertained to be "subject to be dealt with":—

(i) Admitted to Institutions (by Order)	3	2	5
(ii) Placed under Guardianship (by Order)	1	—	1
(iii) Taken to places of safety	—	—	—
(iv) Placed under Statutory Supervision	3	5	8
(v) Died or removed from area	—	—	—
(vi) Action not yet taken	—	—	—

(b) Cases not at present subject to be dealt with:—

(i) Placed under Voluntary Supervision	—	—	—
(ii) Found not to be defective	—	—	—
(iii) Died or removed from area	—	—	—
(iv) Action not yet taken	2	—	2

9	7	16
---	---	----

III NUMBER OF MENTAL DEFECTIVES UNDER COMMUNITY CARE INCLUDING VOLUNTARY SUPERVISION OR IN "PLACES OF SAFETY" ON 1st JANUARY, 1948, WHO HAVE CEASED TO BE UNDER COMMUNITY CARE OR IN "PLACES OF SAFETY" DURING 1948

(a) Admitted to Institutions	—	—	—
(b) Ceased to be under care	—	—	—
(c) Died or removed from area	—	—	—

Total

—	—	—
---	---	---

IV. OF THE TOTAL NUMBER OF MENTAL DEFECTIVES KNOWN TO THE LOCAL HEALTH AUTHORITY

(a) Number who have given birth to children during 1948:—

(i) After marriage	—	—
(ii) While unmarried	—	—
	M	F

(b) Number who have married during 1948

— —

MENTAL DEFECTIVES.

	MALES						FEMALES									
	Institution		Guardian-ship		At Home		On Licence		Institution		Guardian-ship		At Home		On Licence	
	under 16	over 16	under 16	over 16	under 16	over 16	under 16	over 16	under 16	over 16	under 16	over 16	under 16	over 16	under 16	over 16
Moral Imbeciles	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Imbeciles	4	14	—	2	11	—	1	—	17	1	—	2	17	—	3	—
Idiots	1	2	—	—	1	—	—	—	1	2	—	—	5	—	—	—
Feeble-minded	1	15	—	7	53	—	—	—	33	—	—	8	42	—	4	—
	6	32	—	1	9	65	—	1	1	52	1	—	10	64	—	7
	38		1		76		—		54		—		81		—	

NATIONAL ASSISTANCE ACT, 1948.

With the formal approval of the County Council all duties and powers under the provisions of this Act were delegated on the 28th July, 1948, to the County Health Committee, and the County Medical Officer became responsible for carrying into effect the schemes formulated and approved under Part III. The post of County Welfare Officer (male) was created and the officer appointed early in July combined his duties under this Act with the post of Duly Authorised Officer. A full-time Assistant Welfare Officer and Duly Authorised Officer (male) was appointed at the same time.

This change in administration was taken as a first step to terminate the existing poor law in the County. The next step would be to inculcate among the public a new conception of the welfare duties of the Authority, that is, to serve needs which are construed in the widest possible sense, and not on a purely financial basis.

PROVISION OF ACCOMMODATION (SECTIONS 21—28).

The appropriation of Doddington Public Assistance Institution in 1944 to become a county general hospital reduced the number of such institutions in the County to two, one at Wisbech containing 227 beds, and another at Ely containing 180 beds. The type of patients received and cared for fall into the categories of general sick and aged and/or infirm, and among these, the chronic sick were found to outnumber the less infirm. It was accordingly decided that both these institutions be made transferable on the appointed day and, in order to meet the immediate needs for residential accommodation, arrangements were entered into with the East Anglian Regional Hospital Board for the reservation of beds in the former Public Assistance Institutions renamed as follows:—

The Clarkson Hospital, Wisbech	Males 12	Females 18
Tower House, Ely	Males 45	Females 24

Provision of Residential Accommodation in Small Homes.

While it would appear necessary for a small percentage of persons in need to be accommodated in larger institutions if they fall into the categories of anti-social or mentally infirm, the purpose of these sections of the Act is to empty the old poor-houses and put the needy in more homely surroundings. The Council therefore propose, if building is permitted, to erect a number of residential homes with serviced accommodation of one-storey type grouped round a central administrative block. These homes will accommodate 30—35 persons of both sexes with special provision for

married couples, and will be scattered over the County. Full powers were obtained to enter into arrangements with voluntary organisations who provide such accommodation. It was further decided that two, or more, suitable houses in different parts of the County should be acquired by the 31st March, 1950, for converting into homes or hostels in accordance with the provisions of Article 13 of the approved scheme which is set forth in an appendix to the body of this report. A special Sub-Committee was appointed to view and report on premises which might be suitable for conversion.

Persons provided with Accommodation.

	In Part-user Accommodation (Within the County)		By arrangement with voluntary Associations (Outside the County)		TOTAL
	Men	Women	Men	Women	
On the Appointed day 	31	12	2	1	46
Received into accom- modation 5.7.48 to 31.12.48. .	24	8	--	—	32
Departures from Accommodation 5.7.48 to 31.12.48	13	10	—	—	23
On 31st December, 1948 	42	10	2	1	55

The standard charges in respect of eight cases were recovered from other authorities in whose areas the persons were ordinarily resident.

No other authority provided accommodation to persons ordinarily resident in this area.

WELFARE SERVICES (SECTION 29).

As an initial step in setting up a welfare service under these sections, the County Welfare Officers established close liaison with officials of the National Assistance Board and with any other workers, voluntary or otherwise, in this field, as follows:—

Hospital Almoners;

Medical Practitioners and District Nurses;

Health Visitors including the Tuberculosis Sister;

County Organiser, Home Help Service;
Housing Authorities and Sanitary Inspectors;
Isle of Ely Society for the Blind;
British Red Cross Society (Cambridgeshire & Isle of Ely
Branch); and
Cambridgeshire Mental Welfare Association.

Pending receipt of instructions from the Ministry of Health for the extension of the welfare scheme for the blind to other handicapped persons, a survey of the county was commenced with the intention of obtaining details of the numbers of substantially and permanently handicapped persons within the meaning of section 29 of the Act, and of the services already available to them. At the end of the year the survey was already far advanced and the number of persons listed, excluding the blind, was over 700. In the course of collecting this information from clergy, medical practitioners, officials of the National Assistance Board and others, requests were received for visits to be paid by the Welfare Officers.

By the end of the year 88 welfare visits had been paid by the County Welfare Officer and his Assistant and definite action was initiated in some instances. Results varied from an increase of a few shillings in a grant from the National Assistance Board to the supply of a wheel chair to a crippled widow. In the case of a young epileptic, a licence was obtained from the Board of Trade for the supply of wood to enable him to carry on carpentry work at home.

WELFARE OF THE BLIND.

So far as blind welfare is concerned the service will be organised and administered by the Isle of Ely Society for the Blind, as agents for the County Council, and the general administrative work will be undertaken by the Secretary of the Society. The County Medical Officer will act in a supervisory capacity in relation to the administration of the blind welfare service and in addition to the full-time Secretary, a full-time Home Worker is also employed.

The Secretary has kindly submitted the following report:—

“ISLE OF ELY SOCIETY FOR THE BLIND.

ANNUAL REPORT FOR THE YEAR ENDED 31ST DECEMBER, 1948.

There were 151 names on the register at the 31st December, 1948. 24 persons were certified as blind during the year; there were 11 deaths, one person was transferred out of this area and one was transferred in from another county.

The trainee at the Royal Midland Institution for the Blind was dismissed as untrainable in December. The brush maker continues to be employed by the Norwich Institution for the Blind. Pastime occupations continued throughout the year and some fine specimens of the work of our blind folk were exhibited at the Royal Show. The readers of Braille and Moon continued to be provided with weekly papers and monthly magazines in addition to their library books. 13 blind persons in the Isle are members of the National Library for the Blind.

114 blind persons were unemployable, and of these 47 were in receipt of domiciliary assistance at the end of June, 1948, when payments were taken over by the National Assistance Board. On the 5th July, 1948, the augmentation of wages to blind home workers was increased to £2, instead of £1 per week. Three Home Workers received augmentation of wages in accordance with the County Council's scheme at the end of the year.

Outings to Hunstanton were organised on the 19th, 21st and 22nd July, 'buses were hired and blind persons and their guides were collected at points nearest their homes and taken to the sea. Lunch and tea were provided at Hunstanton. The weather, on each occasion, was ideal and everyone enjoyed the outings.

185 persons spent a holiday at the Holiday Hostel which has been purchased at Hunstanton and maintained by the Society from its voluntary funds. The admission of Isle of Ely blind persons and guides remained as originally arranged, but the fee for persons from other counties was increased to three guineas each per week from the 1st November, 1948. The Hostel remained open throughout the year except for one week in December.

Social classes were held each month at Ely and Wisbech, and now a class has been commenced at March. Games, gossip and some handicraft instruction are enjoyed.

Approximately £1,585 was collected, by various methods, during the year.

The Home Teacher paid 1,882 domiciliary visits during the year and also attended a refresher course at Oxford, arranged by the Southern Regional Association for the Blind.

There are 31 names now on the observation register."

Full details of the welfare services provided under the National Assistance Act, 1948, are to be found in an appendix at the end of this report.

CHILDREN ACT, 1948.

On the 28th February, 1948, a Standing Committee of the County Council was set up to be known as the Care of Children Committee, to whom was referred as from the appointed day under the provisions of the Children Bill, all the functions of the County Council under:—

- (a) Parts II. and IV. of the Children and Young Persons Act, 1933;
- (b) Provisions relating to Child Life Protection contained in Part VII. of the Public Health Act, 1936;
- (c) The Adoption of Children (Regulation) Act, 1939; and
- (d) The Children Bill.

It was resolved that the new Committee should consist of 21 members, of whom at least 5 should be women, and representatives of the Education Committee, the County Health Committee and the Public Assistance Committee were selected as the first members.

A full-time Children's Officer was subsequently appointed and close liaison was made by her with the county medical and nursing staffs. At the request of the Children's Officer, Child Life Protection visits to children under 5 years of age are carried out by the health visitors, and the statutory medical reports on the children boarded out are furnished by the Assistant County Medical Officers.

With the approval of the Committee, medical reports are also made of children residing in the various Children's Homes maintained by the Council and certain advisory duties are carried out in connection with the actual running arrangements in these Homes.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

No premises or daily minders were registered during 1948.

REGISTRATION OF NURSING HOMES.

Six nursing homes were registered at the end of the year containing an aggregate of twenty-two maternity beds and three beds for other types of case. A total of twenty-eight visits and inspection were paid during the year by the County Medical Officer and the Superintendent Nursing Officer.

SANITARY CIRCUMSTANCES OF THE AREA.

RURAL WATER SUPPLIES & SEWERAGE ACT, 1944.

1. *Chatteris.*

The Council decided, subject to a satisfactory report by the Council's Consulting Engineer, to make a grant in connection with the erection of a high level water tower.

2. *Thorney.*

The Minister of Health intimated his acceptance of the scheme submitted on the understanding if reference indicated that local storage became a necessity at a later stage, provision will be made by the Council.

3. *Wisbech Joint Water Board.*

It was decided to make an annual grant of £10 towards the expenses of the Board.

4. *Wisbech R.D.C.*

The Ministry of Health were prepared, on certain conditions, to make a grant in connection with the scheme to provide water to Elm, Leverington, Parson Drove, Outwell and Wisbech St. Mary. The Council decided to make a grant in accordance with their scheme under the Act.

5. *Chatteris Sewerage Scheme.*

A revised scheme for drainage of the south-western part of the area was prepared and the Council approved in principle of this for purposes of making a grant.

HOUSING.

Chatteris Urban District.

	Sites approved Schemes in course of prepar- ation.	No. on tender.	Not yet begun.	D P C	R a v e s	R o f	P l a n s	Com- pleted
	No. of houses.	Approved on licence						
Council permanent traditional	167	88	2	26	16	16	5	60
Council prefabricated		10						10
Private enterprise		65	2	4	1			59
TOTAL	167	163	4	30	17	16	5	129

Ely Urban District.

Permanent houses.	82 houses completed and occupied; 44 houses under construction.
Flats.	40 flats completed and occupied.
Temporary housing.	25 huts and 14 flats had been completed and occupied.
Private enterprise.	8 houses had been built by private enterprise.

March Urban District.

34 houses completed and occupied.
4 houses completed by private enterprise.

Whittlesey Urban District.

Permanent. Completed—30.
Under construction—48.
Contracts let but construction not yet commenced—Nil.
Private enterprise. Completed—6.
Under construction—3.

Wisbech Borough.

Permanent steel—50.
Permanent brick—8.
Prefabricated—50.
All completed and occupied.

Ely Rural District.

Permanent Housing.

Sites.

	No.	Acres
In hand and not under development at 1/1/1948	4	9·8
Acquired during 1948	7	40·2
	11	50·0
Taken into development during 1948	6	14·5
	5	35·5
In hand and not under development at 31/12/1948	6	
Under development at 1/1/1948	6	
Brought into development during 1948	6	
	12	
Development completed during 1948	3	
	9	
Under development at 31/12/1948		

Houses.

No. covered by contracts placed as at 1/1/1948	108
No. covered by contracts placed during 1948	58
	166

No. under construction as at 1/1/1948	108
No. commenced during 1948	56
	<hr/>
	164
	<hr/>

	Bungalows Bedrooms		Houses Bedrooms		Total
	one	two	three	four	
No. completed during 1948	—	10	84	2	96
		—	—	—	
No. under construction as at 31/12/1948:—					
Stage of completion %					
76 to 99			33	1	
51 to 75			19	1	
26 to 50			4		
To 25			10		
			—	—	
			66	2	68
			<hr/>	<hr/>	<hr/>
					164
					<hr/>
No. let during 1948 to members of agricultural population					49
					<hr/>

Temporary Housing.

Conversion of Hutments at Witchford Airfield:—

	Type		
	2-bedroom	3-bedroom	1-bedroom
No. of dwellings under construc- tion at 1/1/48	36	4	
No. of dwellings completed during 1948	36	4	
No. let to members of the agri- cultural population	14		
	<hr/>		

Conversion of Hutments at Mepal Airfield:—

No. of dwellings provided during 1948	15		
No. let to members of the agri- cultural population	6		
	<hr/>		
No. of dwellings under construc- tion at 31/12/48	2	2	1

Private Enterprise.

Permanent Housing.

No. of dwellings licensed or approved as at 1/1/48	26
No. of dwellings licensed or approved during 1948	23
	<hr/>
	49
	<hr/>
No. of dwellings completed during 1948	21
No. in course of construction at 31/12/1948	19
No. not commenced as at 31/12/1948	9
	<hr/>
	49
	<hr/>

North Witchford Rural District.

Doddington—4.
Benwick—6.
Manea—6.
Wimblington—4.
All completed and ready for occupation.

Thorney Rural District.

Council houses completed—10.
Private enterprise—2.

Wisbech Rural District.

Completed during 1948.
Council houses—72.
Private enterprise—7.

Under construction at end of year.
Council houses—61.
Private enterprise—5.

FOOD AND DRUGS ACT, 1938.

REPORT OF THE COUNTY INSPECTOR OF WEIGHTS AND MEASURES
FOR 1948.

It is the duty of the County Council as the Food and Drugs Authority for the whole of the administrative county to carry into execution and enforce the provisions of the Act relating to:—

- (a) the composition of food and drugs,
- (b) margarine, margarine-cheese, butter and milk blended butter,
- (c) prohibition of sale of tuberculous milk or milk from cows suffering from tuberculosis, and
- (d) licensing and control of T.T. and Accredited milk producers.

COMPOSITION OF FOOD AND DRUGS.

Samples taken and requiring examination under this heading are sent to the Public Analyst for the County:—Dr. S. Greenburgh, Ph.D., B.Sc., F.R.I.C., Tenison Road, Cambridge.

During the year under review 281 samples of food stuffs were taken and submitted to the Public Analyst, who reported that 12 samples were unsatisfactory.

A sample of Malt Vinegar was found to consist of Artificial Vinegar 25% deficient in acetic acid. The consignment was traced from a grocer's shop in Wisbech to the manufacturers in London. The manufacturers were prosecuted and fined £5.

Details of a sample of Orange Squash found to be 10% deficient in sugar were passed to the Minister of Food as the department responsible for this offence against the Soft Drinks Order, 1947.

The Public Analyst reported against a sample described as Teatime Tablets and which consisted mainly of Sodium Bicarbonate and common Salt. The statement on the label claimed that two tablets replaced one teaspoonful of ordinary tea. Application was made to the Minister of Food for permission to institute proceedings against the manufacturers. The reply stated that the Ministry were already in contact with the manufacturer and steps were in hand to secure that the product was correctly labelled. Under the circumstances it was agreed to leave the matter in the hands of the Minister.

Proceedings were instituted against the vendor of a sample of Baking Powder found to be 81% deficient in Available Carbon Dioxide. The case was dismissed under the Probation of Offenders Act.

In seven instances cautions were issued for minor infringements.

MARGARINE, MARGARINE-CHEESE, BUTTER AND MILK-BLENDED BUTTER.

8 wholesale dealers in margarine and 1 butter factory are registered with the County Council. These premises were inspected during the year and the requirements of the Act were being complied with.

TUBERCULOUS MILK.

Every endeavour is made to take as many samples as possible under this heading from milk which is sold to the public in a raw state. Samples are submitted to the Medical Research Council, Tennis Court Road, Cambridge. 27 samples were taken and submitted to the laboratory and in no instance was milk reported to be positive for Tubercle bacilli.

LICENSING AND CONTROL OF T.T. AND ACCREDITED MILK PRODUCERS.

19 T.T. and 14 Accredited licences were in force during the year. The figure for T.T. licences is the highest on record for the county and an increase of 5 over the previous year.

Practically every licence holder was sampled four times during the year. In all, 149 samples were taken of which 25 were incorrect. The testing of these samples is undertaken by the Medical Research Council at their Cambridge Laboratory.

REGULATION 55G.

This Regulation deals with the testing of pasteurised milk to ascertain that it has been adequately heat-treated and to ensure a reasonable degree of keeping quality on the day following the day of delivery to the consumer. Although not actually in force the Ministry of Food requested that samples be taken as a bonus is being paid to milk dealers for the heat-treatment of milk.

25 samples were taken and submitted to the Medical Research Council's Laboratory for examination. The result showed that in 4 cases the milk had been inadequately heat-treated and in 6 cases the keeping quality was unsatisfactory.

F. W. Crabtree,

County Inspector.

THE PREVENTION AND CONTROL OF INFECTIOUS DISEASES.

Incidents.

There was a slight rise in the number of notifications of cases of scarlet fever as compared with 1947, but the notifications of measles and whooping cough were appreciably lower and there was little epidemic prevalence after the early months.

Four cases of diphtheria were notified but there was again no death from this disease for the fourth year in succession. The details of the scheme for immunisation are given elsewhere.

An outbreak of typhoid fever occurred in March when six cases were traced to milk handled by a Polish Voluntary Worker who was discovered to be a chronic carrier. Prompt control measures initiated by the District Medical Officer and Sanitary Inspector, coupled with the rapid isolation of the causative agent at the Public Health Laboratory, Cambridge, limited the outbreak without any doubt. There were no deaths.

A full list of notifications is given in the following table.

Measures for control.

These continued to operate as described in my last report and close liaison was maintained with district sanitary authorities and their staffs, especially when an infectious disease showed any signs of epidemic prevalence. The school medical officers and school nurses continued routine investigations when cases of scarlet fever were notified among school children, followed up, if necessary, by field work based on the Public Health Laboratory, Cambridge. Close contact was always maintained with the general practitioners during these investigations.

Institutional Provision.

Cases are transferred from the northern half of the Isle to the Wisbech Isolation Hospital and from the southern half to the Hospital at Ely. Both of these institutions were transferred to the East Anglian Regional Hospital Board on the appointed day and no immediate alteration in the arrangements occurred, although it is anticipated that the hospital at Wisbech may be closed and the cases transferred to Peterborough Isolation Hospital.

Infectious Diseases Notified in the Several Districts for the Year ending 1948.

Disease	URBAN DISTRICTS.						RURAL DISTRICTS.					Combined Total
	Ely	Chatteris	March	Whittlesey	Wisbech	Total Urban Districts	Ely	North Witchford	Thorney	Wisbech	Total Rural Districts	
Small Pox .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever ..	7	6	2	3	26	44	5	8	1	18	32	76
Diphtheria	1	..	2	..	..	3	..	1	..	..	1	4
Enteric Fever ..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia	12	2	2	20	9	45	3	9	3	7	22	67
Cholera .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever ..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro Spinal Fever .. ..	..	..	..	..	..	..	..	1	..	..	1	1
Encephalitis Lethargica .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid .. ..	..	..	..	..	1	1	..	5	..	..	5	6
Relapsing Fever ..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Pyrexia ..	..	..	..	..	1	1	..	1	..	..	1	2
Erysipelas	1	..	1	1	2	5	2	2	..	..	4	9
Tuberculosis												
(a) Pulmonary	4	4	5	2	18	33	12	2	1	5	20	53
(b) Other .. ..	..	1	1	..	2	4	5	1	..	2	8	12
Malaria .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Chicken Pox .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	4	1	25	7	206	243	80	6	3	121	210	453
Whooping Cough ..	17	..	1	10	67	95	9	20	7	15	51	146
Other Diseases												
(a) Jaundice .. ..	..	..	..	1	..	1	..	..	..	..	..	1
(b) Acute Polio-myelitis .. ..	..	..	..	..	1	1	..	..	..	..	..	1
(c) Inf. Paralysis ..	..	..	..	1	..	1	..	..	..	..	..	1

TUBERCULOSIS.

Until the 5th July the arrangement continued whereby one of the senior medical officers of Papworth Village Settlement visits the Isle to carry out the clinical tuberculosis work. Dr. R. B. Murphy, who succeeded Dr. Wollaston in 1945, conducted the diagnostic clinic and the dispensary service.

Ascertainment.

The weekly diagnostic clinic which was opened at the Doddington Hospital in 1944 continued to be widely used and the number of cases referred was comparable with those dealt with during the previous year. By linking up with the hospital car service, this clinic is able to serve the whole area.

Dispensaries.

County Clinic, County Hall, March—every Wednesday afternoon.

County Clinic, Lynn Road, Wisbech—

alternate Thursday mornings

County Clinic, Downham Road, Ely—

alternate Thursday afternoons.

No change was made in these arrangements after the transfer of responsibility for diagnosis and treatment to the East Anglian Regional Hospital Board.

Report of Clinical Tuberculosis Officer.

"I have the honour to present the following report on the work of the Tuberculosis Officer for the year 1948.

At the Diagnostic Clinic held at the County Hospital, Doddington on Wednesday mornings, 353 new cases were seen and an opinion given to the patient's doctor. Of these, 24 cases were diagnosed as tuberculous.

During the year 30 patients were recommended for sanatorium treatment, and at the end of the year 25 patients had been admitted to the following sanatoria:—

Papworth	5	Kelling Sanatorium	3
Creton	11	Manfield	2
Lord Mayor Treloar	1	Hartismere	2
Bourne Isolation Hospital			1

Sixty-five notifications have been received during the year, fifty-three of which were pulmonary and twelve non-pulmonary. This number includes those cases of service personnel notified direct by the Ministry of Health.

A total number of 373 attendances were made at the Dispensaries during the year. In addition, 355 artificial pneumothoras refills and 44 pneumo-peritoneum refills have been carried out, and 12 domiciliary visits paid to patients who were unable to attend the dispensaries.

At the end of the year there were 234 patients on the Tuberculosis Register, 142 pulmonary and 82 non-pulmonary.

DETAILS OF CASES SEEN AT THE DIAGNOSTIC CLINIC, DODDINGTON.

Total number of cases seen at Doddington, including routines	845
Number of X-rays taken	810
Number of screenings	113
Number of new cases examined	353
Number of cases diagnosed as tuberculosis	24

R. B. Murphy,

Clinical Tuberculosis Officer."

TUBERCULOSIS.

Details of the Notifications received during the year 1948 under the Public Health (Tuberculosis) Regulations, 1912. Previous years also given for comparison.

		NOTIFICATIONS ON FORM A.											Total Primary Notifications	Total Notifications on Form A.	
		Number of Primary Notifications													
		Age Periods													
		0...1	1...5	5...10	10...15	15...20	20...25	25...35	35...45	45...55	55...65	65 and upwards			
Pulmonary: Males	in 1934	..	..	1	1	1	3	6	5	7	1	3	1	29	29
"	in 1935	..	..	..	..	1	4	2	9	6	6	2	..	30	30
"	in 1936	..	..	..	1	1	4	4	11	12	6	4	..	43	43
"	in 1937	..	..	..	1	..	1	5	5	7	1	3	1	24	24
"	in 1938	..	..	1	..	..	2	3	7	7	1	2	1	24	25
"	in 1944	..	..	..	1	1	2	5	6	7	1	..	2	25	25
"	in 1945	..	..	1	..	..	1	2	8	4	3	5	..	24	25
"	in 1946	..	..	..	1	..	3	3	11	1	2	3	2	26	26
"	in 1947	..	..	..	1	..	1	3	7	2	4	1	1	21	21
"	in 1948	..	..	..	..	..	2	6	12	2	4	2	2	30	30
"	Females in 1934	..	..	..	..	2	3	5	3	3	5	..	1	22	22
"	in 1935	..	..	..	..	..	2	3	3	4	1	2	2	17	17
"	in 1936	..	..	..	1	2	2	5	11	8	5	1	..	35	35
"	in 1937	..	..	..	..	1	4	..	4	5	4	1	3	22	23
"	in 1938	..	..	..	..	..	..	5	3	3	..	1	1	13	13
"	in 1944	..	..	..	..	1	1	1	6	6	1	1	..	17	17
"	in 1945	..	..	..	1	..	4	7	4	4	..	1	..	21	21
"	in 1946	..	..	..	1	..	7	7	10	1	..	3	1	30	30
"	in 1947	..	..	..	..	..	2	..	2	1	1	1	..	7	7
"	in 1948	..	..	1	..	..	..	4	8	3	2	..	2	20	20
Non-Pulmonary: Males	in 1934	..	2	3	8	7	2	1	2	..	..	1	..	26	26
"	in 1935	..	..	2	6	2	..	2	1	4	1	1	..	19	19
"	in 1936	..	..	2	8	5	..	3	2	1	2	1	..	24	24
"	in 1937	..	..	4	5	5	2	..	2	1	..	..	1	20	20
"	in 1938	..	..	6	6	2	3	1	2	1	..	..	..	21	21
"	in 1944	..	..	2	5	3	2	..	..	..	1	..	..	13	13
"	in 1945	..	..	3	3	3	2	1	..	1	..	..	..	13	13
"	in 1946	..	..	2	8	4	..	3	1	..	..	..	..	18	18
"	in 1947	..	..	1	..	3	2	..	3	1	..	..	..	10	10
"	in 1948	..	..	1	..	..	..	..	1	1	..	1	..	4	4
"	Females in 1934	..	1	3	5	..	..	4	2	..	1	..	1	17	17
"	in 1935	..	..	2	4	1	..	3	3	..	..	..	..	13	13
"	in 1936	..	..	5	6	1	8	3	2	..	..	1	1	27	27
"	in 1937	..	..	3	4	2	4	3	..	2	..	..	..	18	19
"	in 1938	..	..	4	7	3	1	1	3	1	1	..	..	21	22
"	in 1944	..	..	1	10	4	..	..	1	1	1	..	..	18	18
"	in 1945	..	1	2	5	3	3	1	1	1	..	1	1	19	19
"	in 1946	..	..	..	4	2	..	3	1	1	..	..	..	11	11
"	in 1947	..	..	..	1	1	1	..	1	..	..	..	..	4	4
"	in 1948	..	..	..	2	1	..	2	..	..	..	..	..	5	5

VENEREAL DISEASES.

The following table shows the details of Isle of Ely cases treated for venereal disease during 1948 at the clinics at Cambridge, King's Lynn and Peterborough.

Year	Total Cases attending for Consultation	Cases of				Total Out-Patient Attendances
		Syphilis	Soft Chancre	Gonorrhoea	Non-venereal Conditions	
1937	58	16	..	25	17	1280
1944	90	15	..	16	59	1278
1945	82	8	..	13	61	988
1946	120	20	..	17	83	1366
1947	78	14	..	21	43	1208
1948	93	17	1	16	59	708

Of the total cases attending the clinic at Cambridge (including cases from areas other than the Isle of Ely) 21% ceased treatment before their cure was completed.

Of those attending at Peterborough (again including cases from areas other than the Isle of Ely) 13% ceased treatment before their cure was completed.

Of those attending at King's Lynn (again including cases from areas other than the Isle of Ely) 3% ceased attendance before completion of treatment.

EXTRACTS FROM THE DISTRICT REPORTS.

I. — URBAN.

CHATTERIS URBAN DISTRICT.

Area, 13,719 acres.

1948 Statistics:—Birth Rate, 19.26. Death Rate, 11.89.
Infantile Mortality, 9.8. Illegitimacy Rate, 9.8.

Estimated mid-year (1948) population 5,296.

ELY URBAN DISTRICT.

Area, 14,764 acres.

1948 Statistics:—Birth Rate, 18·98. Death Rate, 12·43.
Infantile Mortality, 17·85. Illegitimacy Rate, 29·76.

Estimated mid-year (1948) population—8,850.

MARCH URBAN DISTRICT.

Area, 19,777 acres.

1948 Statistics:—Birth Rate, 15·06. Death Rate, 11·41.
Infantile Mortality, 30·3. Illegitimacy Rate, 65·66.

Estimated mid-year (1948) population—13,150.

WHITTLESEY URBAN DISTRICT.

Area, 23,362 acres.

1948 Statistics:—Birth Rate, 20·83. Death Rate, 10·53.
Infantile Mortality, 33·71. Illegitimacy Rate, 73·03.

Estimated mid-year (1948) population—8,544.

WISBECH MUNICIPAL BOROUGH.

Area, 4,666 acres.

1948 Statistics:—Birth Rate, 18·81. Death Rate, 10·82.
Infantile Mortality, 36·69. Illegitimacy Rate, 100·9.

Estimated mid-year (1948) population—17,380.

II.—*RURAL*.

ELY RURAL DISTRICT.

Area, 65,999 acres.

1948 Statistics:—Birth Rate, 19·01. Death Rate, 10·2.
Infantile Mortality, 47·45. Illegitimacy Rate, 58·39.

Estimated mid-year (1948) population—14,410

NORTH WITCHFORD RURAL DISTRICT.

Area, 26,088 acres.

1948 Statistics:—Birth Rate, 21·19. Death Rate, 12·55.
Infantile Mortality, 29·13. Illegitimacy Rate, 67·9.

Estimated mid-year (1948) population—4,860.

THORNEY RURAL DISTRICT.

Area, 21,796 acres.

1948 Statistics:—Birth Rate, 22·15. Death Rate, 8·05.
Infantile Mortality, 18·18. Illegitimacy Rate, 18·18.

Estimated mid-year (1948) population—2,483.

WISBECH RURAL DISTRICT.

Area, 49,798 acres.

1948 Statistics:—Birth Rate, 18·67. Death Rate, 9·65.
Infantile Mortality, 16·95. Illegitimacy Rate, 55·08.

Estimated mid-year (1948) population 12,640.

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COUNTY COUNCIL OF THE ISLE OF ELY.

NATIONAL ASSISTANCE ACT, 1948—SCHEME FOR THE EXERCISE OF THE COUNCIL'S FUNCTIONS UNDER SECTION 21.

The Isle of Ely County Council, in exercise of their duty under Section 21 of the National Assistance Act, 1948, hereby make the following scheme:—

INTRODUCTORY.

1. The total estimated mid-1947 population of the area of the Council is 84,340.

2. The numbers of aged, infirm and handicapped persons in the area for whom accommodation is required are estimated to be as follows:—

(a) Aged	43
(b) Physically and Mentally Infirm	72
(c) Blind and Partially-sighted	6
(d) Deaf or Dumb	2
(e) Epileptics	7
(f) Crippled	10
	<hr/>
	140
	<hr/>

3. The estimates contained in the preceding Article have been arrived at as follows:—

	Aged	Physically and mentally infirm	Blind and partially sighted	Deaf or dumb	Epi- leptics	Crip- pled
(a) number of persons for whom accommo- dation is at present being provided	18	29	2	—	4	1
(b) number of persons on present waiting lists	—	—	—	—	—	—
(c) allowance for grow- ing demand for accom- modation	25	43	4	2	3	9
TOTAL	43	72	6	2	7	10

4. In so far as the Council do not provide accommodation in accordance with this Scheme in premises managed by them, or in premises to which paragraph 8 of the Sixth Schedule to the Act applies, they may do so by arrangement with any other local authority for the purpose of Part III of the Act or with any voluntary organisation.

5. In addition to providing residential accommodation for persons who are ordinarily resident in the area of the Council and for other persons who are in urgent need thereof, the Council may exercise their powers under sub-section (4) of Section 24 of the Act as respects persons ordinarily resident in the area of another local authority.

6. The Council shall provide the accommodation and services specified in Part I of this Scheme and shall as soon as practicable modify, improve and develop them and provide further accommodation and services in accordance with Parts II and III of the Scheme.

7. Nothing in this Scheme shall preclude the Council from discontinuing the provision of accommodation in any establishment if and when they have made other and more suitable arrangements for the accommodation of the residents thereof.

PART I.—EXISTING SERVICE.

Particulars of Existing Accommodation.

8. Particulars of the residential and temporary accommodation now provided by the Council, and of the amenities provided therein, are contained in the Schedule to this Scheme.

Services, Amenities and Requisites.

9. *Medical attention.* Where the accommodation referred to in Article 8 of this Scheme is provided in premises managed by the Council or in premises to which paragraph 8 of the Sixth Schedule to the Act applies the Council shall make adequate arrangements

- (i) for the accommodation and nursing of residents during illnesses of a kind which are ordinarily nursed at home;
- (ii) for enabling residents to obtain the benefit of any of the services provided under the National Health Service Act of which they may from time to time be in need; and
- (iii) for the supervision of the hygiene of their accommodation.

10. *Other Services, etc.* There shall be provided as part of any accommodation provided in premises managed by the Council or in premises to which paragraph 8 of the Sixth Schedule to the Act applies such services, amenities and requisites as the Council may from time to time and in any particular case decide are necessary, including:—

- (i) board;
- (ii) recreational facilities such as reading matter, wireless, cinema and other entertainments and outings;
- (iii) where desired by residents, clothing suitable to their individual requirements;
- (iv) where desired by residents, extra comforts such as tobacco and sweets;
- (v) adequate opportunities for religious worship and for participation in activities in which residents are individually interested; and
- (vi) reasonable facilities for residents to move freely in and outside the establishments and to visit and be visited by their friends and relatives;
- (vii) grants to voluntary agencies concerned in the welfare of the aged and infirm will be considered in order that they may be assisted to make facilities available to residents for recreational and occupational activities.

11. Arrangements made with any voluntary organisation for the provision of accommodation on behalf of the Council in accordance with this Part of this Scheme shall be such as to ensure that the services, amenities and requisites available to residents in accommodation so provided are on the whole not less favourable than those enjoyed by residents in similar accommodation provided in premises managed by the Council.

PART II.

DEVELOPMENTS CONTEMPLATED DURING THE PERIOD TO 31ST MARCH, 1950.

Provision of Residential Accommodation in Small Homes.

12. The Council shall take every practicable step to provide further residential accommodation to meet the needs of persons to whom Section 21 of the Act applies, including the need for accommodation in small homes for suitable persons resident in former poor law premises which are not capable of being satisfactorily improved in accordance with Article 18 of this Scheme.

13. The Council shall provide such further accommodation either by the acquisition and (where necessary) adaptation of existing premises or, to such extent as the availability of building labour and materials permits and the Minister of Health approves, by the erection of new buildings.

Such further accommodation shall, as far as may be practicable, be provided in the form of homes for approximately 30-35 persons, and shall comprise bedroom accommodation for married couples, as many single bedrooms as possible, and a dining room and sitting rooms for the use of residents. The Council shall provide as part of any further accommodation the services, amenities and requisites referred to in Articles 9 and 10 of the scheme.

14. *Accommodation provided by other local authorities and by voluntary organisations.* The Council shall, to such extent as may be necessary and expedient, extend their arrangements and make further arrangements with voluntary organisations for the provision of further residential accommodation on behalf of the Council. In so doing, the Council shall have particular regard to the needs of classes of persons requiring specialised accommodation and care not immediately available to them in premises managed by the Council. Article 11 of this Scheme shall apply to any arrangements extended or made in accordance with this Article.

15. *Accommodation in premises managed by the Council.* For the purpose of providing residential accommodation in addition to that available in the existing establishments detailed in the Schedule hereto, the Authority will endeavour, by the 31st March, 1950, to acquire two or more suitable houses in different parts of the County for conversion into homes or hostels in accordance with the provisions of Article 13 of this Scheme.

Further, if building can be undertaken new premises will be provided in the County, each to provide accommodation for about 30 persons of both sexes, including as many married couples as possible.

Provision of Temporary Accommodation.

16. The Council shall from time to time review the temporary accommodation provided under Part 1 of this Scheme and modify the provision so made in such manner as the Council may consider to be appropriate.

17. The Council shall make arrangements whereby they are enabled to hold in reserve the use of certain buildings to serve as temporary accommodation to meet exceptional circumstances, such as flooding, and to provide shelter for other persons in urgent need thereof in circumstances which could not reasonably have been foreseen or in such other circumstances as the Council may in any particular case determine.

Further, arrangements will be made with local voluntary organisations in those areas of the County subject to periodic flooding, under the terms of which such bodies would provide food, bedding, etc., necessary to bring such accommodation into use at short notice.

Improvement of Existing Establishments.

18. The Council shall where necessary continue to take all such steps as may be practicable to ensure the improvement of the establishments or parts thereof in which residential or temporary accommodation is provided by the Council. These improvements shall include the provision of additional services, amenities and requisites of the kind specified in Articles 9 and 10 of this Scheme, and such matters as the division of large rooms so as to provide smaller sitting-rooms and bedrooms including single rooms and rooms for married couples, modifications of ablution facilities necessary to secure privacy, the substitution of small dining tables for long tables, the redecoration of rooms and corridors in brighter colour schemes, the introduction of attractive and interesting pictures, the provision of hand-rails at the bathside and at both sides of staircases and corridors, the provision of comfortable chairs according to the varying needs of the residents, the laying of non-skid floor surfaces or coverings where practicable, and the installation of the requisite number of baths of the "sitting" type, and generally of furnishings of a home-like character, including any furnishings which it may be practicable to allow residents themselves to provide.

The respective Hospital Management Committees responsible for the administration of the existing establishments mentioned in the Schedule hereto in which accommodation is at present being provided will be asked to consider the several recommendations specified in the preceding paragraph for the improvement of these establishments improvements which were in fact planned by the Authority and partly carried out prior to the 5th July, 1948, when these premises vested in the Regional Hospital Board.

PART III.

FURTHER ACCOMMODATION CONTEMPLATED AFTER 31ST MARCH, 1950.

19. The Council shall keep under constant review the accommodation and services provided in accordance with this Scheme and shall continue to improve them and to provide further accommodation and services in manner provided by Part II of the Scheme. In particular they shall use their best endeavours to complete any necessary improvements of existing accommodation and services by the 31st March, 1954. A supplementary scheme, embodying specific proposals will be prepared and submitted at a later date, when it is possible to assess more accurately the needs for future expansion of the scheme.

SCHEDULE I.

RESIDENTIAL ACCOMMODATION FOR OLD PEOPLE AND FOR INFIRM
AND HANDICAPPED PERSONS, AND TEMPORARY ACCOMMODATION
PROVIDED DIRECTLY BY THE AUTHORITY.

Accommodation for all persons falling into these categories is at present provided by the Authority in accommodation, reserved for the Council's use in the exercise of their duty under Section 21 of the Act, in the two former Public Assistance Institutions which, since the 5th July, 1948, have vested in the East Anglian Regional Hospital Board, and of which details are given below.

- | | |
|---|---|
| (a) Tower House, Ely.
(Part only). | The Clarkson Hospital, Wisbech.
(Part only). |
| (b) <i>Type of Resident for whom it is to be used.</i>
All types of persons of
both sexes. | All types of persons of both sexes. |
| (c) <i>Approximate age of Premises.</i>
112 years. | About 110 years. |
| (d) <i>Available Accommodation.</i>
45 men in 5 dormitories.
24 women in 3 dormitories. | 12 men. One dormitory.
One day room.
18 women. 3 small dormitories.
Two day rooms. |
| (e) <i>Services, Requisites and Amenities to be provided.</i> | |
| (i) All services, including medical and nursing care are provided by the respective Hospital Management Committees responsible for the administration of each of the establishments under arrangements made between the Council and the East Anglian Regional Hospital Board. | |
| (ii) Amenities and requisites are provided as set out in Articles 9 and 10 of the Scheme. | |
| (f) Existing staff supervised by the respective Hospital Management Committees through the Superintendent and Matron of each establishment. | |
| (g) Standard charge—based on actual cost in previous year, 1947/8; approx. 52/- per week. | |

SCHEDULE II.

RESIDENTIAL ACCOMMODATION FOR INFIRM AND HANDICAPPED
PERSONS PROVIDED THROUGH THE AGENCY OF A VOLUNTARY
ORGANISATION.

Persons from this County suffering from epilepsy are accommodated by the National Society for Epileptics in the Chalfont Colony, Chalfont St. Peter, Buckinghamshire.

Each case is submitted and maintained under a separate undertaking and agreement between the County Council and the Society. The present cost of maintenance is 53/- per week.

COUNTY COUNCIL OF THE ISLE OF ELY. NATIONAL ASSISTANCE ACT, 1948.

SCHEME FOR THE PROVISION OF WELFARE SERVICES UNDER SECTIONS 29 AND 30 OF THE ACT OF 1948.

*(As approved by the Minister of Health by letter dated the
4th April, 1949).*

Administrative Arrangements.

By virtue of a dispensation granted by the Minister of Health, the Council's functions under the National Assistance Act, 1948, have been delegated to the existing County Health Committee, and that Committee will exercise general supervision of the Welfare services to be provided under the Act. If found necessary sub-committees will be appointed to deal with particular services.

So far as blind welfare is concerned the service will be organised and administered by the Isle of Ely Society for the Blind, as agents for the County Council, on terms to be agreed, and the general administrative work will be undertaken by the Secretary of the Society. The County Council has equal representation with the Society on the General Committee which is responsible for the management of the Society's affairs.

The County Medical Officer will act in a supervisory capacity in relation to the administration of the blind welfare service, and will be the senior administrative officer for all the other welfare services, with the part-time assistance of the two Mental Health and Welfare Officers and one clerk.

The Isle of Ely County Council, in exercise of their powers under Sections 29 and 30 of the National Assistance Act, 1948, hereby make the following scheme under Section 29 of that Act:—

PART I—A.

ARRANGEMENTS FOR PROMOTING THE WELFARE OF BLIND PERSONS.

Discharge of Functions.

1. The Council in so far as they do not directly discharge their functions under Section 29 of the National Assistance Act, 1948 (hereinafter referred to as 'the Act of 1948') in relation to blind persons in accordance with the provisions of this Scheme may do so

by arrangement with any other local authorities for the purposes of Part III of the Act or any voluntary organisations registered in accordance with Section 41 of the Act of 1948 (hereinafter referred to as 'a registered voluntary organisation'), on such terms (including terms as to the reimbursement of expenditure incurred by that other local authority or voluntary organisation) as may be agreed.

Blind Population.

2. The following statistical summary shows the number registered with the Council of blind persons of each sex, by age groups so far as is known, and the total number so registered of blind persons ordinarily resident in the area of the Council as at 31st March, 1948:—

Age Group	Total number and sex			Ordinarily Resident
	Male	Female	Total	
0—1	—	—	—	
1—5	—	2	2	
5—16	1	—	1	
16—21	—	—	—	
21—40	13	6	19	
40—50	3	7	10	
50—65	14	12	26	
65—70	9	12	21	
70 plus	25	31	56	
			<hr/>	
			135	
			<hr/>	

Accounts.

3. The accounts relating to welfare services for blind persons which are provided by or on behalf of the Council shall be kept in such form or forms as the Minister of Health may direct. In particular the accounts relating to workshops for the blind and to home workers, whether kept by the Council or by a registered voluntary organisation acting as agent for the Council, shall be kept in the forms suggested in Ministry of Health Circular 262 dated 21st December, 1921, as amended by Part II of Circular 1306 dated 17th March, 1933, or such other forms as the Minister of Labour and National Service, after consultation with the Minister of Health, may direct.

Registration of Blindness.

4. (1) The Council at their own expense shall make arrangements for the medical examination of all applicants for registration as blind persons and, subject to their certification as such in manner hereinafter provided for their registration and classification. The register shall be kept in such form as the Minister may direct.

(2) No person shall be added to the classified register of blind persons to be kept by the Council until he has been examined and certified to be a blind person by a registered medical practitioner with special experience in ophthalmology.

(3) If, upon the examination of a person by a registered medical practitioner pursuant to the preceding provision of this Article doubt exists, either on the part of that person or the registered medical practitioner as to whether or not the person should be certified as a blind person, the case shall be referred to a medical referee provided under arrangements with the Southern Regional Association for the Blind or under such other arrangements as the Minister of Health may from time to time approve.

(4) A registered medical practitioner examining persons for admission to the register of blind persons to be maintained by the Council shall be asked to complete Form B.D.S. referred to in Ministry of Health Circular 1353 dated 5th October, 1933, or such other form as may from time to time be prescribed by the Minister.

(5) For the purpose of this Article, the expression "registered medical practitioner with special experience in ophthalmology" means a medical practitioner who devotes his or her whole time to the practice of ophthalmology in all its branches or who is in charge of the Ophthalmic Department of a General Hospital of not less than 100 beds:

Provided that if in any particular case the services of such a practitioner cannot reasonably be obtained the expression shall be deemed to include a medical practitioner who holds a diploma in ophthalmology from a University, the Royal Colleges of Surgeons of England and of Physicians of London, or other examining body recognized by the General Medical Council.

Blind Welfare Services to be provided immediately.

5. The following Services for blind persons shall be provided immediately:—

(1) *Home Teachers.*

(a) *General.*

The existing arrangements in connection with home teaching and the visiting of blind persons, which work is at present performed by one Home Teacher who is duly certificated shall be continued, additional teachers being appointed in the future as circumstances may require.

(b) *Recruitment and duties.*

Home Teachers shall be recruited by public advertisement or such other means as may be approved by or on behalf of the Council.

The duties of Home Teachers shall include:—

- (i) discovery of blind persons and ascertainment of their needs;
- (ii) the visitation of blind persons in their homes or elsewhere within the area of the Council;
- (iii) teaching them wherever practicable to read embossed literature;
- (iv) instructing them in simple pastime occupations in their homes or elsewhere and in methods of overcoming the effects of their disabilities;
- (v) generally assisting in promoting their welfare;
- (vi) advising blind persons of all available social services;
- (vii) paying particular attention to those blind persons who are also suffering from some other form of handicap the nature of which is such as to increase the disability of blindness;
- (viii) Organising social centres and classes.

(c) *Qualifications.*

No person shall be appointed by or on behalf of the Council as a Home Teacher unless at the time of appointment he holds the Home Teachers' Certificate of the College of Teachers of the Blind or such other qualification as may by regulation be prescribed by the Minister of Health, or not being so qualified undertakes on appointment to train for the purpose of so qualifying:

Provided that the employment of any unqualified Home Teacher shall not be continued beyond a period of two years after his appointment.

(d) *Remuneration and other terms and conditions of appointment.*

Qualified and unqualified home teachers shall be remunerated in accordance with such scales of salary, and be subject to such conditions of service as the Council shall prescribe.

(2) *Workshop Employment.*

(a) *General.*

The Council shall continue to arrange for the provision of facilities for the employment of suitable blind persons in special workshops for the blind under arrangements made with any other local authority for the purpose of Part III of the Act or with a registered voluntary organisation.

(b) *Types of Employment and numbers employed.*

The types of employment and the approximate number of blind persons (both men and women) at present provided with employment of each type are as follows:—

Trade	Men	Women
Basket makers	2	—

(c) *Particulars of workshops.*

Details of the workshops at which these blind persons are employed, pursuant to arrangements made by the Council, and the Authorities or other bodies controlling these workshops are as follows:—

Name of Controlling Body:	Address of Workshop:
Norwich Institution for the Blind.	Magdalen Street, Norwich.
Royal Midland Institution.	Nottingham.

(d) *Remuneration.*

Money payments shall be made to blind persons employed in workshops on such basis as the Council shall decide in consultation with the registered voluntary organisations managing the workshops.

(3) *Home Employment.*

(a) *General.*

The Council shall continue to carry out their existing arrangements under which blind persons desirous of engaging in work on their own account are enabled to carry out such work in their homes, occupational centres or elsewhere, i.e., other than in a special workshop, with the assistance and under the supervision of the Council either directly through the services of the Council's own staff or by arrangement with registered voluntary organisations. In this Scheme blind persons in this class are referred to as "home workers." A blind person shall not be admitted to participation in these arrangements unless he is capable of earning such minimum sum a week as may be agreed by or on behalf of the Council from time to time, and of maintaining an average of such earnings over such period as the Council may approve from time to time.

(b) *Types of Employment and numbers employed.*

On 31st March, 1948, there were 9 blind persons in the Home Workers' Scheme, employed in the following occupations, viz.:—

Occupation	Men	Women	Totals
Chair caners and stool-seaters	2	—	2
Basket workers	4	—	4
Machine knitters	—	2	2
Poultry workers	—	1	1
			—
			9
			—

(c) *Remuneration.*

Money payments shall be made to home workers, provided that they are not in receipt of National Assistance grants, on such basis as the Council shall decide in consultation with any other bodies concerned.

- (4) *Marketing of Produce.*
- (a) *Workshop Employment.*

In so far as blind persons are for the time being employed in workshops provided by the Council by arrangement with other local authorities or registered voluntary organisations, the arrangements made shall include provision by the management of the workshops for the disposal of the produce of the workers. In the event of blind persons being employed in workshops directly provided by the Council appropriate marketing arrangements shall be made by or on behalf of the Council.

- (b) *Home Employment.*

The present arrangements whereby the Isle of Ely Society for the Blind (being a registered voluntary organisation) undertake the marketing on behalf of the Council or provide assistance to certain blind persons concerned in the marketing of the produce of Home Workers shall be continued, unless and until otherwise decided by or on behalf of the Council. In so far as these arrangements do not make provision for all the blind persons concerned the Council shall directly provide the necessary assistance.

The Council shall directly or under arrangements with registered voluntary organisations afford any necessary facilities to enable Home Workers to dispose privately of their produce.

- (5) *Hostels.*

As and when it may be necessary to do so, the Council will make arrangements under which blind persons engaged in workshops and other blind persons for whom work or training is provided in pursuance of the Disabled Persons (Employment) Act, 1944, will live in hostels made available by the Council through the agency of registered voluntary organisations and where necessary or desirable these arrangements will be extended to hostels managed by other similar organisations and other local authorities for the purposes of Part III of the Act.

- (6) *Employment in Open Industry or in "Sheltered occupations."*

(a) The Council shall in consultation with the Ministry of Labour and National Service continue to take steps, in appropriate cases, to ensure that suitable work is found for blind persons in open industry, that is to say, under contracts or service in places elsewhere than special workshops, or in sheltered occupations.

(b) Where any blind person engaged in work in open industry or in a sheltered occupation which he is enabled to perform in consequence of anything done in pursuance of arrangements made under this Scheme, is unable, by reason of his handicap, to earn amounts comparable to those earned by sighted persons in the same

occupation, and the Council are satisfied that there are special circumstances justifying such action, the Council may with the approval of the Ministry of Labour and National Service make a money payment to that blind person of such an amount and for such period as the Council may from time to time determine to be appropriate in the particular case.

(7) *General Social Welfare of the Blind.*

The Council shall continue to promote the general social welfare of blind persons by the provision of all necessary services either directly or by arrangement with the County Association for the Blind or other registered voluntary organisations, as the Council may from time to time decide, including the taking of such steps as may be necessary to ensure that blind persons are assisted to obtain any general and preventative medical treatment, the provision of embossed literature, social and handicraft centres, facilities for holidays at holiday and rehabilitation homes or elsewhere, pastime occupations, concerts, recreational facilities and lectures and shall provide all such other lawful things whatsoever for the carrying into effect of this Scheme.

Training Facilities for Blind Persons.

6. The Council shall continue to take such steps as may be necessary either directly or by arrangement with other local authorities for the purposes of Part III of the Act or registered voluntary organisations to ensure the provision of suitable training under the Education Act, 1944, or under the Disabled Persons (Employment) Act, 1944, for blind persons who are capable of benefitting from such training.

Children

7. The Council shall continue to take such steps as may be necessary to satisfy themselves that blind children are dealt with under the Education Act, 1944, the National Health Service Act 1946, or Children Act, 1948, as may be appropriate.

Further Development of Welfare Services for the Blind.

8. The Council, in consultation with registered voluntary organisations and other bodies concerned shall keep under review during the period ending on the 31st March, 1954, and thereafter from time to time examine, the services provided under Sections 29 and 30 of the Act in accordance with the provisions of this Scheme

with a view to ascertaining in particular the need for extensions to workshops, the provision of hostel accommodation for blind workers additional social clubs and recreational facilities and the employment of additional qualified Home Teachers.

In the light of such review or examination the Council shall, with the approval of the Minister of Health, make any adjustments to or extensions of the welfare services for blind persons (not being adjustments or extensions for which provision is made in this Scheme) which the Council may from time to time consider to be necessary or desirable.

Blind Persons in Hospitals, etc.

9. Where a blind person in relation to whom the Council are exercising functions under Section 29 of the Act of 1948 enters a hospital, hostel, home managed by a voluntary organisation or any similar institution not under the management of the Council or any local authority for the purposes of Part III of the Act of 1948, the Council shall use their best endeavours to secure such arrangements with the body managing any such institution as may be considered necessary or expedient with a view to ensuring the continued promotion by the Council of the welfare of the person.

Scope.

10. This Part of this Scheme shall apply to the Council in relation to the exercise of any of their functions under Sections 29 or 30 of the Act of 1948 as respects any blind person ordinarily resident in the area of the Council and to such extent as may be considered necessary or expedient in relation to the exercise of any such functions of the Council as respects any other blind person.

PART I.—B.

ARRANGEMENTS FOR PROMOTING THE WELFARE OF PARTIALLY-SIGHTED PERSONS.

Immediate Provision.

11. The services referred to in Articles 13 and 14 shall be provided immediately in relation to partially-sighted persons ordinarily resident in the area of the Council and may be provided in relation to any other partially-sighted persons.

Definition of Partially-Sighted Person.

12. For the purposes of this Scheme the expression "partially-sighted person" means a person who is substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character.

Registration.

13. The Council shall establish and maintain in such form as the Minister of Health may direct a register, to be known as the "Observation Register," in which partially-sighted persons may be registered and classified.

General Arrangements.

14. The Council shall either directly or by arrangement with other local authorities for the purposes of Part III of the Act or registered voluntary organisations, so far as may be practicable and to such extent as may be necessary or desirable regard being had to the particular needs of individual partially-sighted persons, extend to such persons ordinarily resident in the area of the Council, with the necessary modifications, the arrangements detailed in the following provisions of Part I.—A. of this Scheme in relation to the provision of welfare services for blind persons:—

- (1) *Registration of Partially-Sighted Persons.*
The provisions of paragraphs (1) and (2) of Article 4.
- (2) *Home Teachers.*
The provisions of paragraph (1) of Article 5.
- (3) *Workshop Employment.*
The provisions of paragraph (2)(a) and (d) of Article 5.
- (4) *Home Employment.*
The provisions of paragraph (3)(a) and (c) of Article 5.
- (5) *Marketing of Produce.*
The provisions of paragraph (4)(a) and (b) of Article 5.
- (6) *Hostels.*
The provisions of paragraph (5) of Article 5.
- (7) *Employment in Open Industry or in "Sheltered Occupations."*
The provisions of paragraph (6) of Article 5.
- (8) *General Social Welfare.*
The provisions of paragraph (7) of Article 5.
- (9) *Training Facilities.*
The provisions of Article 6.
- (10) *Children.*
The provisions of Article 7.
- (11) *Partially-Sighted Persons in Hospitals, etc.*
The provisions of Article 9.
- (12) *Accounts.*
The provisions of Article 3.

Further Development of Welfare Services for the Partially-Sighted.

15. The Council shall keep under constant review the services provided in accordance with the preceding provisions of this Part of this Scheme, in consultation with any registered voluntary organisations or other bodies concerned, and shall, with the approval of the Minister of Health, make any adjustments to or extensions of the welfare services for partially-sighted persons (not being adjustments or extensions for which provision is made in this Scheme) which the Council may consider to be necessary or desirable.

PART II.

ARRANGEMENTS FOR PROMOTING THE WELFARE OF HANDICAPPED CLASSES, OTHER THAN BLIND OR PARTIALLY-SIGHTED PERSONS.

16. The Council shall continue to carry out the survey now in progress of the needs of the area of the Council in relation to the provision of appropriate welfare services (including services similar to those provided for in Part I of this Scheme) for classes of handicapped persons, other than the blind and partially-sighted, to whom Section 29 of the Act applies. With a view to meeting those needs, account shall be taken in such survey of the welfare services already available to other classes of persons, the results of discussions which have been opened with voluntary organisations and other bodies concerned and any suggestions which the Minister of Health may make to the Council in this connection.